

dead, 20% had active SI without a plan, 6.7% had active SI with some intent to act, and 6.7% had active SI with a specific plan and intent. Findings from this project will help guide safety assessment recommendations and inform interventions targeting older adult suicide risk.

LONELINESS, SOCIAL ISOLATION AND ALL-CAUSE MORTALITY IN OLDER ADULTS

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As distinct constructs, loneliness and social isolation have both been associated with mortality in older adults. Many studies have examined each construct separately; however, few have examined their impact together, especially within the U.S. Using data from a large sample of U.S. adults age 65+ (N=7,982), the effect of loneliness and social isolation on all-cause mortality was examined considering their separate and joint effects. Measures were based on the UCLA-3 Loneliness Scale and the Social Network Index (SNI). Loneliness was categorized as: Severe, moderate, or no loneliness. Social isolation (defined by the SNI) was categorized as: Limited, medium, or diverse social networks (SN). Cox proportional hazards regression models were performed. Among participants, there were 328 deaths after data collection (4.1%). In separate, adjusted models, loneliness (severe, HR=1.86, 95% CI: 1.43-2.41 and moderate, HR=1.51, 95% CI: 1.16-1.98) and social isolation (limited SN, HR=2.37, 95% CI: 1.72-3.27 and moderate SN, HR=1.55, 95% CI: 1.12-2.14) were both associated with mortality. Modeled together, loneliness (severe, HR=1.55, 95% CI: 1.18-2.04 and moderate, HR=1.40, 95% CI: 1.07-1.83) and social isolation (limited SN, HR=2.08, 95% CI: 1.49-2.89 and moderate SN, HR=1.46, 95% CI: 1.05-2.02) both remained significantly associated with all-cause mortality with limited SN as the stronger indicator. Results demonstrate that both loneliness and social isolation contribute to greater risk of mortality among older adults. Furthermore, individuals with limited SN are at greatest risk. As the COVID-19 pandemic continues, loneliness and social isolation should be targeted safely in efforts to reduce mortality risk among older adults.

LOW FRIEND CONNECTION LEADS TO LOW FUNCTIONAL CAPACITY OF OLDER ADULTS: FINDINGS FROM A 2-YEAR LONGITUDINAL STUDY

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Maintaining personal connections in geriatric years is important to sustain the functional capacity of older adults. In this study, we define the term functional capacity as the ability to perform tasks and activities necessary for one's independent life. Meanwhile, the type of personal connection and its effect on functional capacity remain unclear.

We classified personal connections into connections with family or friends and examined their association with the functional capacity of independently living Japanese older adults. A two-year longitudinal study (2016 and 2018) was conducted using data from the Kashiwa Cohort Study. The amount of personal connections was determined using the Lubben Social Network Scale. The Japan Science and Technology Agency Index of Competence was used to assess participants' functional capacity. The change in functional capacity was analyzed by binomial logistic regression analysis (N=638, reference: group with high family and friend connection). The results showed a decline in the functional capacity of the group with low friend and family connections (odds ratio (OR): 0.48, 95%CI: 0.29-0.82). This trend was also seen for the group with a high family connection but low friend connection (OR: 0.43, 95%CI: 0.24-0.78). Meanwhile, there was no significant difference between the reference group and the group with low family but high friend connection (OR: 0.85, 95%CI: 0.47-1.56). The results imply the importance of having a friend for sustainable functional capacity in old age. Interventions that facilitate friend-to-friend interactions or promote new friendships among older adults can be considered as support strategies.

NEED TO BELONG AND SOCIAL TIES IN LATE LIFE

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According to socioemotional selectivity theory, older adults are more selective and tend to shrink their social network to their closest ties. However, a heightened need to belong, which is characterized by a stronger desire for acceptance and motivation to affiliation, may alter this common pattern. We know little about how the need to belong shapes social network structure, especially in late life. This study investigated the associations between the need to belong, size of social network, and engagement with social ties among older adults. Participants (N = 314) aged over 65 years from the Daily Experiences and Well-being Study completed a baseline interview regarding their close ties (i.e., social convoy members), and weak ties, as well as a self-report measure of need to belong. They completed ecological momentary assessment (EMA) surveys reporting their social encounters every 3 hours over 5 to 6 days. Need to belong was unrelated to the number of close ties. In contrast, participants with a higher need to belong reported more less close (but still important) ties and weak ties than those with a lower need to belong, but spent a similar amount of time (i.e., proportion of EMA involving social encounters) with either their close ties or weak ties. These results suggest that the need to belong may motivate older adults to go beyond their closest ties to weaker ties, and highlight the discrepancies between the sense of being connected to social partners and the actual engagement with them in this process.

NURSING STUDENTS VISITING PEOPLE WITH DEMENTIA ONLINE DURING COVID-19: A QUALITATIVE STUDY

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The coronavirus disease 2019 (COVID-19) crisis has impacted the daily routines of students, people living with dementia, and their care partners. Social distancing results in fewer interpersonal interactions and enjoyable activities which makes life more challenging for those living with dementia. The purposes of this multiple case study were to understand how nursing students, people with dementia, and care partners (a) describe online visits between nursing students and people with dementia during stay-at-home directives in response to COVID-19 and (b) the perceived visit benefits. Nursing students participated in online visits to socially engage with their mentor (person living with dementia). During the visits it was anticipated that care partners would enjoy a brief respite. After 12 visits, investigators completed one-to-one online interviews with students ($n = 10$), care partners ($n = 8$) and mentors ($n = 8$). All cases reported a positive experience, perceptions of the conversations, improved social connection and meaning and purpose, mentor's enhanced cognition and planned future connections. Relationships were formed between students, people with dementia, and care partners during online visits, an activity that might be implemented outside of a crisis to prevent social isolation across generations. Future efforts to engage people with dementia in residential facilities should be formally integrated into the care plan and staff dedicated to help with technology assigned.

OLDER ADULT'S MARITAL STATUS, SUPPORT EXCHANGES AND PSYCHOLOGICAL WELL-BEING IN EVERYDAY LIFE

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Social support exchanges are an integral part of older adults' well-being. Yet, we know little about how older adults' marital status may influence their support exchanges with different social partners in everyday life, and whether the effect of support exchanges on daily well-being vary by marital status. Adults aged 65+ ($N = 278$) completed an initial interview about their background and close social networks; then, participants reported whether they provided or received support from their close social partners and rated their psychological well-being for 5 to 6 days. Multilevel logistic models revealed that married older adults were more likely to provide or receive daily support from their close partners than widowed or divorced older adults. However, with respect to specific non-spousal ties, married older adults were less likely to provide support to siblings, friends or others (acquaintances, neighbors) compared to divorced older adults. Although married older adults were more likely to receive support from children than divorced older adults, they were less likely to receive support from siblings and friends compared to widowed or divorced older adults. Furthermore, receiving support from other familial ties (grandchild, other relatives) was associated with reduced daily well-being for widowed older adults whereas married older adults were able to maintain their daily well-being in such situation. Findings highlight the central role siblings and friends play in unmarried older adults' daily support

networks and suggest that receiving support could have differential impact on daily well-being depending on older adults' marital status.

SENSORIMOTOR, COGNITIVE AND AFFECTIVE BARRIERS TO SOCIAL RELATIONS IN AGING: A DYNAMICAL FRAMEWORK

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Social interactions of all sorts (e.g. conversing, playing tennis, singing, strolling, etc.) rely on information flows between participants. The process of aging, however, can alter individuals' sensorial, motor, cognitive and affective functioning in ways that may compromise their affinity for social interactions. For instance, hearing deficits or cognitive difficulties associated with word retrieval may contribute to disengagement from conversation and other forms of social interaction, which can lead to social retreat of the affected individuals. Strategies for mitigating such effects must take into account not only individuals' own functional capacities, but also those of their partners in varying social contexts. Indeed, varied social contexts and diversity in partners can offer a beneficial balance of relational effort and comfort. For example, instead of comfortably strolling exclusively with partners of comparable cognitive and motor capabilities, strolling with faster partners can improve social engagement and long-term prospects for a wider range of social interactions. This work reviews an array of possible changes in individual abilities arising from both normal healthy aging and complications due to medical conditions, with an emphasis on their impact on interactions in varying social contexts and diverse groups of social partners. We incorporate theoretical models to explore a wide range of potential mitigation strategies, both for affected individuals and for other members of the social groups surrounding them. Our work focuses on healthy social aging over the long term, which is known to protect physical wellbeing, cognition and brain function.

SOCIAL SUPPORT MODERATES THE IMPACT OF MARITAL TRANSITIONS ON DEPRESSION FOR OLDER ADULT WOMEN

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Given the rapid growth of older Americans and the increased incidence of divorce among this population, it is paramount to identify negative health outcomes following marital transition and investigate the potential protective role of social support. Our study aims to identify relationships between change in depression and marital transitions, test whether social support moderates this association, and to examine variation by gender. The sample included 3,705 participants from the Health and Retirement Study, who reported being married or partnered in 2012. Changes in