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Loneliness and Behavioral Changes During the COVID-19 Pandemic

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and public health implications because they can inform the development of interventions, programs and policies with potential to improve health and health care and advance health equity for older adults.

FINANCIAL CHANGES AND HEALTH DURING COVID-19 IN THE NATIONAL HEALTH AND AGING TRENDS STUDY

Laura Samuel,¹ Melissa Hladek,² Thomas Cudjoe,³ Brittany Drazich,⁴ Qiwei Li,² and Sarah Szanton,¹ 1. *Johns Hopkins University, Baltimore, Maryland, United States*, 2. *Johns Hopkins School of Nursing, Baltimore, Maryland, United States*, 3. *Johns Hopkins University School of Medicine, Baltimore, Maryland, United States*, 4. *University of Maryland, Baltimore, Baltimore, Maryland, United States*

This study tested associations between income decline and financial difficulty with mental health (lack of feeling anxious/depressed, recurring thoughts/nightmares, avoiding activities/thoughts, feeling jumpy/on guard) and sleep quality during COVID-19 among a national sample of 3,188 older adults. Approximately 8% of US older adults reported income decline and 6% reported financial difficulty. Although income decline and financial difficulty rates were both statistically significantly higher among those financially strained before COVID-19 (19% and 34%, respectively), income decline was more common among those with incomes $\geq 200\%$ of the poverty threshold (9%) whereas financial difficulty was more common among those with incomes $< 200\%$ poverty (10%). Adjusting for sociodemographic, health and depressive symptoms before COVID-19, financial difficulty was associated with worse mental health ($b = -2.39$, $p < 0.001$) and sleep quality ($b = -0.820$, $p < 0.001$), but income loss was not ($b = -0.685$, $p = 0.092$ and $b = -0.405$, $p = 0.082$, respectively). Timely interventions are needed for older adults reporting COVID-19 financial difficulty.

LONELINESS AND BEHAVIORAL CHANGES DURING THE COVID-19 PANDEMIC

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Concerns for the health impact of loneliness, a risk factor for morbidity and mortality, have risen amid the COVID-19 pandemic. However, relationships between loneliness and behavioral changes remains unclear. Utilizing data from the National Health and Aging Trends Study COVID-19 Supplement, we examine the cross-sectional relationship between loneliness and self-reported increase in each of the following behaviors during the pandemic ($n = 2,924$): walking, vigorous activity, eating, use of alcohol and tobacco, watching television and sleeping. Adjusting for age, race, education, activity of daily living limitations, and chronic conditions, loneliness was significantly associated with a higher odds of more eating (odds ratio- OR: 1.42, confidence intervals-CI:

1.24,1.62), sleeping (OR: 1.35, CI: 1.18,1.56), and watching television (OR: 1.45, CI: 1.30,1.61). These results indicate that during stressful times like our current pandemic, loneliness may lead to morbidity and mortality through sedentary behaviors.

HOPEFULNESS DURING COVID-19: ASSOCIATIONS WITH FUNCTION, SLEEP, AND LONELINESS IN THE NHATS

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The associations between hopefulness and function, loneliness, and sleep have not been explored in a nationally representative sample of older adults. Additionally, COVID-19 dramatically increased stress burden, potentially influencing these relationships. This study used National Health and Aging Trends COVID-19 Supplement data ($N = 2,894$ adults aged ≥ 65 years) to evaluate cross-sectional associations between hopefulness about the future during COVID-19 with limitations in activities of daily living (ADLs) using a negative binomial model and one-item sleep and loneliness measures using ordered logistic models. Adjusting for age, race/ethnicity, and education and applying sampling weights, increased hopefulness was associated with better ADLs ($b = -0.11$, $p\text{-value} = 0.021$), less loneliness ($b = -0.32$, $p\text{-value} < 0.001$), and better sleep ($b = -0.27$, $p\text{-value} < 0.001$). In the midst of a world-wide stressor, hopefulness was associated with better function and symptoms. This relationship is likely bidirectional and further longitudinal research is needed.

THE ASSOCIATION BETWEEN OLDER ADULT TECHNOLOGY USE AND MENTAL HEALTH DURING THE COVID-19 PANDEMIC

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Physical distancing during the COVID-19 pandemic may impact the mental health of older adults, but technology use may buffer this impact. This study aimed to 1) examine changes in older adult technology use during the COVID-19 pandemic and 2) determine if technology use moderates the relationships between decreased in-person communication/activity and the mental health of older adults during the pandemic. Data were taken from the NHATS COVID-19 Round 10 ($n = 3,188$). Older adults engaged in more technology-based activity ($b = .237$, $p < 0.001$), technology-based healthcare communication ($b = .112$, $p < 0.001$), and technology-based food acquisition ($b = .214$, $p < 0.001$) during the COVID-19 pandemic, compared to before. Technology