

based on communication technology use, separately among paid and unpaid caregivers. Multivariable regression analyses were repeated after including the caregivers' payment status (paid/unpaid) and the interaction term between the caregivers' payment status and the use of communication technology. The models were adjusted for caregivers' age, education, financial status, place of residence, and total weekly hours of caregiving.

Results: Use of communication technology had a statistically-significant positive association with sense of belonging only among paid caregivers ($b=25.8$, $p=.005$). The relationship between use of communication technology and sense of belonging was significantly different between paid and unpaid caregivers ($p=.005$). Use of communication technology was significantly associated with social bonds only among unpaid caregivers ($b=0.4$, $p<.001$). There was no statistically-significant differential association between communication technology use and social bonds.

Conclusion: Communication technology may play differential roles in linking paid and unpaid caregivers with their community and interpersonal groups. Additional efforts should examine mechanisms that provide meaningful caregiver support.

SOCIAL SUPPORT AND WEIGHT OUTCOMES OVER A SIX-MONTH WEIGHT LOSS INTERVENTION FOR RURAL OLDER ADULTS

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Rural older adults aged ≥ 65 years with obesity (body mass index (BMI) ≥ 30 kg/m²) showed an overall favorable response to a six-month, technology-based weight-management intervention. Our objective was to characterize how friends or family support for eating and exercise behaviors at baseline was associated with baseline weight and intervention response. We analyzed data from six subscales of the Social Support and Exercise Survey from 44 participants. Six-month weight change ($\geq 5\%$ of baseline) was considered clinically-significant. For each subscale, continuous and categorical outcomes were modeled with linear and logistic regression models, respectively, adjusted for sex and age. Crude associations of social support clusters, generated in an exploratory hierarchical cluster analysis, and weight outcomes were evaluated. The sample was 73.2 ± 3.9 years, 73% female, with mean baseline weight 97.8 ± 16.3 kg and BMI 36.5 ± 5.2 m/kg². Family encouragement for healthy eating was negatively associated with baseline weight ($\beta=-0.53$, $p=0.046$). Social support scores were not associated with either six-month weight loss outcome ($p>0.10$). Two exploratory clusters were found: Cluster 1 (C1) ($n=34$) and Cluster 2 (C2)

($n=9$). C2 had higher mean social encouragement and discouragement, with lower mean baseline weight (90.0 ± 11.7 vs 99.8 ± 16.8 kg C1; $p=0.10$). Weight loss was comparable (C1 4.6 ± 3.7 versus C2 4.8 ± 2.6 kg; $p=0.89$), with no differences in clinically-significant weight loss (C1 45% versus C2 67%; $p=0.46$). These pilot data suggest that family member social support may act as collaterals to support clinical outcomes in the community. Evaluating different types within family support may elucidate associations with physiological outcomes in larger samples.

THE ROLE OF SOCIAL CONNECTION/ENGAGEMENT PREDICTS CHANGES IN DEPRESSIVE SYMPTOMS AND IADL IN STROKE

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Social connections/engagement have been found to be potentially protective against depression and declines in physical functioning. We examined whether social connection/engagement was protective against depression and functional decline after stroke. Participants were 898 individuals with incident stroke from the Health and Retirement Study between 1998-2012. Multilevel modeling was used to examine how social connection/engagement were associated with trajectories of depressive symptoms and limitations with instrumental activities of daily living (IADLs). Models controlled for age, gender, education, and race. In addition, analyses with depressive symptoms as outcome controlled for functional limitations with ADLs. Participants who were lonely and did not have friends in their neighborhood pre-stroke had more depressive symptoms at the time of stroke. Participants with close children pre-stroke showed less increase in depressive symptoms over time. Within-person increase in loneliness and within-person decline in providing help were related to more depressive symptoms post-stroke. Participants who felt lonely and did not provide help pre-stroke had more IADL limitations at the time of stroke. Smaller pre-stroke household size and pre-stroke volunteering were associated with less increase in IADL limitations with stroke. Within-person increase in having friends and providing help after stroke were associated with fewer IADL limitations post-stroke. Taken together, these findings suggest that social connection/engagement may buffer the negative psychological and physical outcomes of a stressful event such as stroke.

WHO NEEDS A FRIEND? HOW AGE AND HAVING SOMEONE ONE CAN COUNT ON EXPLAIN SUBJECTIVE WELL-BEING IN INDIA

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Subjective well-being is now considered a reliable predictor of many desirable outcomes not only at the individual level, in terms of one's personal health, but also at the national level, in terms of a nation's per capita gross domestic product, progress towards reaching sustainable development goals, and other metrics. Subjective well-being has several known causes that reliably predict well-being across

time and place, such as income, education, prosociality, and perceived corruption (i.e. REF). Given the benefits of well-being to both individuals and nations, and that subjective well-being is often predicted by variables that are not easily altered, this study aims to better understand the relationships between subjective well-being and some of its known predictors, in the context of India. Three hypotheses were tested and found significant with nationally representative samples of a total of 57,077 survey respondents in India, using data from Gallup World Poll for 2006-2019. Hypothesis #1 tests for having someone one can count on as a mediator. Hypothesis #2 tests for age as a moderator. Hypothesis #3 is a moderated mediation that best explains how the known predictors of subjective well-being make their influence, and with whom. This study's findings give insights into the ways in which subjective well-being in India can be better understood and thus improved. Such understanding may also help local Indian nonprofit organizations, as well as other researchers and mental health providers, with shared interests in the growing prevalence of suicide in India.

Session 9460 (Poster)

SOCIAL SUPPORT, SOCIAL CONNECTEDNESS, AND LONELINESS II

BIRTH OF THE SOCIETY OF DIVOREES – CHANGING PATTERNS OF CIVIL STATUS IN LATER LIFE

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Half a century ago Lopata used the concept “society of widows” to describe the gendered reality of late life singlehood, where widowed women were excluded from coupled social life, depended on a community of other widows for social integration, and refrained from initiating new relationships due to “sanctification” of their former husbands. We use Swedish, American and EU census data and a national survey to Swedes 60-90 years old (n=1225; response rate 42%) to illustrate a substantial change in the demographic landscape of late life singlehood. More people enter later life as divorcees or become divorced at a high age. Among Swedes 60+ divorcees outnumber widowed people, and the incidence of late life divorce has more than doubled since the millennium in what has been called the “grey divorce revolution”. Many other Western countries follow the same demographical trend, posing important questions about the transformation of late life singlehood. Based on two Swedish studies we will show that the structure of the late life single community is becoming less gender skewed as a consequence of the emerging society of divorcees, and that in this society relationship careers are increasingly complex, attitudes to repartnering increasingly liberal and partner sanctification seldom an issue. We conclude by proposing the concept “society of divorcees” for this new demographic landscape of late life singlehood, argue that research is needed to capture this new reality, and discuss the implications of this change for access to social support later life.

EFFECTS OF LONELINESS AND STRESS MANAGEMENT ON PERCEIVED STRESS IN OLDER ADULTS

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In older adulthood, individuals may experience acute and chronic stressors, such as the loss of independence, mobility, or the experience of chronic diseases. Loneliness is also a concern in older adulthood as many experience the loss of close others and smaller social networks. Loneliness is well-established as being associated with higher stress levels in younger adults, but there are mixed findings on the impact in older adulthood. Furthermore, while older adults may engage in behaviors designed to reduce and manage stress, it is not known whether these behaviors modulate the relationship between loneliness and chronic stress. The current study examined the relationship between loneliness and stress in older adulthood and the degree to which stress-management moderated this relationship (note: data collected prior to COVID-19 pandemic). We hypothesized that loneliness and perceived stress would be positively associated, but that stress-management would moderate this relationship. Participants included 40 healthy older adults (Mage= 69.18, Range:55-86yrs; 29 females) who completed the UCLA-Loneliness Scale, the Perceived Stress Scale, the NEO-FFI (to assess neuroticism), and demographic information about participation in stress management activities. We found that loneliness was significantly associated with chronic stress, $r(38) = .539$, $p < .001$. Furthermore, loneliness and neuroticism were significant predictors of perceived stress, $F(2, 37) = 10.657$, $p < .001$, $R^2 = .366$. These findings demonstrate that loneliness is a significant predictor of perceived stress in older adulthood and point to a need for further exploration of effective stress-management tools in later life.

ENHANCING GROUP BONDING IN AN ACTING CLASS OF OLDER ADULTS IN URBAN SUBSIDIZED HOUSING

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Creative arts such as acting can promote social contact and bonding among socially isolated populations. Yet the benefits of art programming among older adults in low-income urban settings remain unexplored. A professionally administered theater group comprised of older adults living in urban low-income housing met for 12 weeks to learn acting skills and perform a play. The purpose of this study was to identify: 1) why participants enroll in a residence-based acting and improvisation course, and 2) what aspects of the course contribute to group bonding. Participants (n=14) were African American. The average age was 63 years, 14% were men, 57% had a high school degree or less, 79% reported good to excellent health, and the mean ADL score was 1.45 (range: 1-2.5). A researcher was present at each class session to observe and take field notes. Pre-post interviews included closed