completed a survey via web, phone, or paper-and-pencil. Although some older adults reported reducing their in-person contact with out-of-household family (38%) and friends (40%) since the pandemic started, some also increased contact with them via remote modes such as phone calls (25% and 16% with family and friends respectively); emails, texts, or social media messages (26 and 21%); and video calls (24 and 18%). Net of demographics, living alone, survey mode, and 2015–16 levels of the respective mental health variables, those who decreased in-person contact with family were less happy (B=−0.12, SE=0.06, p=.035), had higher loneliness scores (B=0.23, SE=0.09, p=.011), and more frequently felt depressed (B=0.10, SE=0.05, p=.053). In the presence of decreased in-person contact, increases in remote modes of contact had no net remediating impact—a pattern also found when analyzing contact with friends. Results indicate a persistent adverse effect of reduced in-person contact on mental health despite increased contact with family and friends via remote means.

LONGITUDINAL ANALYSES INDICATE BIDIRECTIONAL ASSOCIATIONS BETWEEN LONELINESS AND SELF-RATED HEALTH IN ADULTHOOD

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Loneliness is a potent stressor that increases in prevalence with age in late life and has been linked with numerous adverse physical health outcomes and lower scores on measures of self-rated health (SRH). The association between loneliness and SRH is likely bidirectional—for example, experiencing loneliness may result in physiological changes that alter how individuals perceive their health, and worsening perceptions of one’s own health or mobility may act in an increasingly restrictive manner with respect to social interaction. Despite this, limited longitudinal work has examined temporal dynamics between loneliness and SRH. Recently completed harmonization of 9 loneliness items across three longitudinal twin studies of aging in Sweden resulted in sample of 1939 participants aged 40 to 98 at intake (mean age = 74.64) with up to 25 years of follow-up (mean = 7.63) across up to 8 waves (mean = 3.29). Univariate analysis indicated that SRH decreased with age up to age 82 and then leveled off, whereas loneliness continued to increase across the age span. Bivariate dual change score models were used to examine lead-lag relationships across time: which variable contributes to subsequent changes in the other variable. Results indicated a bi-directional relationship: loneliness does not increase after age 82 when SRH is included in the model, and SRH does not level off after age 70 when loneliness is included in the model. Thus, declining SRH may lead to reduced participation in social activities and also feelings of loneliness may intensify perceptions of poor health.

SOCIAL CONNECTEDNESS RISK AMONG MIDDLE-AGED AND OLDER BLACK MEN WITH CHRONIC CONDITIONS

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The STAR-VA program was an initiative out of what is now called the VA Office of Mental Health and Suicide Prevention, partnering with the national Offices of Geriatrics and Extended Care and Nursing Services. Ongoing collaboration with these national, as well as regional and medical-center-level leaders, has been critical for informing program implementation and dissemination strategies. We will discuss several key partnered strategies, including (1) linking STAR-VA to national CLC systematic quality improvement efforts; (2) engaging national inter-office program leaders in decisions about outreach to and inclusion of facilities in STAR-VA training and implementation; (3) training local STAR-VA champions on strategies for engaging local leadership support; (4) briefing leaders across the system with STAR-VA champions on strategies for engaging local leadership support; (4) briefing leaders across the system with STAR-VA champions on strategies for engaging local leadership support; and (5) using national VA data to inform STAR-VA sustained implementation. Discussion will address challenges and opportunities for engaging leadership stakeholders in facilitating sustained implementation of evidence-based programs.

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CHANGES IN MODES OF SOCIAL CONTACT AND THEIR LINKS WITH MENTAL HEALTH DURING THE COVID-19 PANDEMIC

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Amid the COVID-19 pandemic, social distancing has been emphasized for older adults because of their greater physical health risks. Using data from the National Social Life, Health and Aging Project (NSHAP), we examined how older adults may have changed their frequency of contact with others via various modes (i.e., in-person, phone calls, messages, and video calls) since the pandemic started, and how these choices may be impacting their mental health. From September 2020 through January 2021, NSHAP respondents (N=2,554 age 50-94 with data from 2015-16)