Methods: This systematic review synthesizes research found in PubMed, MEDLINE, PsychINFO, CINAHL, and SocINDEX.

Findings: fourteen studies were conducted in four countries and represented n = 128,610. Loneliness was measured by three different instruments. Reports of loneliness were frequent and ranged from 7.7% (in a report of severe loneliness) to 43.2% (moderate loneliness) of older adults. Older adults who experienced loneliness were less likely to be physically active, eat a healthy diet, or cope in positive ways and more likely to be female and seek healthcare.

Conclusions: This systematic review found that loneliness was moderately prevalent, and that loneliness was associated with negative disease self-management behaviors in older adults with chronic diseases. Gaps in the research include a need for studies guided by theoretical pathways, using a consistent, theoretically-based measure of loneliness, and conducted on among people with specific chronic diseases.

ASSOCIATION OF SOCIAL DETERMINANTS, MULTIMORBIDITY, AND FUNCTIONAL STATUS WITH MORTALITY AFTER PNEUMONIA

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Social support, multimorbidity, and functional status are important determinants of health in older adults, but their prognostic implications remain unclear after an acute illness. We conducted a prospective cohort study of 201 patients 65 years or older who were hospitalized for pneumonia at a university hospital in Korea in 2019-2020. K-means cluster analysis was performed using social deprivation score (range: 0-5), activities of daily living (range: 0-7), instrumental activities of daily living (range: 0-7), physical limitation score (range: 0-7), and Gagne comorbidity index (range: 0-24) (higher scores indicate higher risk). Four groups were identified: 1) Group A: physically limited and non-disabled group with limited social support; 2) Group B: multimorbid but functional group with social support; 3) Group C: multimorbid and disabled group with social support; 4) Group D: multimorbid and disabled group with limited social support. For Groups A through D, the Kaplan-Meir estimates for 6-month mortality were 10.0%, 18.0%, 34.2%, and 43.6%, respectively, and the 6-month mean survival times were 166.4 days (95% CI: 156.1-176.6), 156.9 days (95% CI: 140.8-173.1), 145.2 days (95% CI: 126.6-163.8), and 125.9 days (95% CI: 107.7-144.1), respectively. After adjusting for sex, age, and pneumonia severity score, the hazard ratios for Groups B through D versus Group A were 2.07 (95% CI: 0.70-6.13), 3.14 (95% CI: 1.17-8.42), and 4.38 (95% CI: 1.73-11.04), respectively. Our results suggest that multimorbidity and disabilities were implicated in higher risk of 6-month mortality after pneumonia, and social support may mitigate this risk among those with multimorbidity and disability.

CHRONIC DISEASES AND SELF-REPORTED HEALTH STATUS AMONG AMERICAN INDIAN/ALASKA NATIVE OLDER ADULTS

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Background: In the 1800s and 1900s, U.S. federal “Indian” policy (e.g., boarding schools, relocation) created historical trauma with impacts that reverberate today, such as the significant health challenges experienced among American Indian/Alaska Native (AI/AN) populations. Our study seeks to better understand the burden of chronic disease, and also resilience, among AI/AN older adults.

Methods: Data came from Cycle VII (2018-2020) of the National Resource Center on Native American Aging’s “Identifying Our Needs: A Survey of Elders” survey of AI/AN adults ages 55+ from primarily rural tribal survey sites (N=20,642). Analysis explored self-assessed health status (very good/excellent, good, fair/poor) and looked for significant differences in prevalence of chronic conditions a doctor ever told them they had (e.g., high blood pressure, diabetes, depression, arthritis, asthma).

Results: Self-reported health among AI/AN adults age 55+ was: 26% very good/excellent, 39% good, and 35% fair/poor. 87% of respondents had 1+ chronic illness; 37% had 3+. Among those reporting very good/excellent health, 75% had 1+ chronic illness and 19% had 3+. High blood pressure was the most common chronic disease, at 56% (44% for very good/excellent compared to 67% for fair/poor), followed by diabetes, at 36% (24% for very good/excellent compared to 46% for fair/ poor).

Conclusions: All of the chronic conditions examined showed significantly higher prevalence among AI/AN adults 55+ with fair/poor health. Notably, 1 in 5 respondents with 3 or more chronic conditions indicated very good/excellent health, reinforcing that successful aging can still be experienced by those with chronic health conditions.

CONNECTING PATIENT AND PROVIDER BURNOUT TO EYE EXAM FREQUENCY AMONG LATINX OLDER ADULTS WITH DIABETES MELLITUS

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Among Latinx older adults, our current understanding of barriers to eye exam often fails to consider the impact of patient and provider burnout which can decrease treatment adherence and recommendation receptivity in this group. The purpose of this study was to examine correlates of eye exam frequency among Latinx older adults in South Los Angeles and Long Beach.