34.4% (33.6%-35.2%) and 21.4% (20.7%-22.1%), respectively, during the pandemic. Further, compared to the younger age group, the increase in prevalence during the pandemic was greater for the older age group for both genders. Multinomial logistic regression analysis revealed that those who came to be socially isolated during the pandemic possessed a greater fear of COVID-19 than those who were not continuously socially isolated. These findings suggest the necessity of developing immediate measures for social isolation and risk communication regarding COVID-19.

SOCIAL ISOLATION IN OLDER WOMEN DURING THE COVID-19 PANDEMIC: THE IMPACT ON QUALITY OF LIFE AND MENTAL HEALTH
Victoria Marshall,1 Robina Sandhu,2 Kathryn Kanzler,2 Sara Espinoza,1 Pamela Keel,4 Andrea LaCroix,3 Nicolas Musi,2 and Lisa Kilpela,1 1. University of Texas Health Science Center San Antonio, San Antonio, Texas, United States, 2. University of Texas Health Science Center, San Antonio, Texas, United States, 3. UT Health San Antonio, San Antonio, Texas, United States, 4. Florida State University, Tallahassee, Florida, United States, 5. University of California at San Diego, San Diego, California, United States

To mitigate the spread of COVID-19, countries worldwide enacted quarantines, particularly for older adults, as mortality from COVID-19 is inequitably distributed among this group. Notably, social isolation in older adults is associated with a heightened risk of cardiovascular, auto-immune, and mental health problems (e.g., depression, anxiety). Furthermore, the mental health of women in particular has been greatly impacted by the pandemic. Although previous research indicates that social isolation among older adults is a “serious public health concern”, less is known about the extent to which the COVID-19 pandemic has exacerbated this issue. The primary objective is to investigate the effects of social isolation on mental health indices and health-related quality of life (HRQOL) in older women in the context of the COVID-19 pandemic. Participants include 77 postmenopausal women (aged 60+) who completed self-report measures online during the COVID-19 pandemic. Controlling for education and annual household income in all analyses, we used linear regression models to investigate the effects of social isolation on depression, anxiety, alcohol use, binge eating, and the 8 domains of the SF-36. Results indicate that, when controlling for education and income, social isolation significantly predicted depression, binge eating, and poorer HRQOL in all 8 domains of the SF-36 (all p’s < .01) Social isolation did not predict anxiety and alcohol consumption when controlling for these sociodemographic variables. Enrollment is ongoing; this poster will report updated results. Results indicate the continued need for creative avenues to improve social connectedness during the COVID-19 pandemic.

SOCIAL SUPPORT IS ASSOCIATED WITH BETTER HEALTH IN THE FACE OF COVID-19
Laura Bernstein, and Julie Hicks Patrick, West Virginia University, Morgantown, West Virginia, United States

The COVID-19 pandemic has the potential to influence the health of the nation, both directly and indirectly, though increased stress. As with other stressful crises, social support may buffer against the deleterious effects of the stress surrounding COVID-19 (Cohen & Wills, 1985). We were interested in how self-reported health changed during the first year of the COVID-19 pandemic in the United States and whether age or positive social exchanges influenced this potential change. We tested a latent growth curve model of change in SF12 scores over 4 points of measurement during the first year of the pandemic. Data from 237 adults (Mean age 40.7 yrs) were used to test whether SF12 scores changed over the 4 month period and whether age and initial positive social exchanges influenced both the intercept and trajectory of change over time. Results showed that the model fit the data well, X2 (DF = 13, N = 237) = 11.44, p = .57, RMSEA < .06. Of note, older age was associated with both better initial health (b = .036**) and a slower decrease over the year (b = -.005*). Initial positive social exchanges were associated with better initial health (b = .067*) but did not alter the trajectory of change over time. These findings suggest an age-related advantage for health in the face of COVID-19 and that positive social support is associated with better health, at least at the very beginning of the pandemic.

VET TO VET MAINE: COVID 19 EFFECT ON A VETERAN COMPANION PILOT STUDY IN REDUCING SOCIAL ISOLATION AND LONELINESS
Marilyn Gugliucci,1 Amy Lin,2 and Shirley Weaver,1, 1. University of New England College of Osteopathic Medicine, Kennebunk, Maine, United States, 2. University of New England, University of New England, Maine, United States, 3. University of New England College, University of New England, Maine, United States

Background: Maine veterans represent 11.8% of Maine population, twice that of the United States. Veterans are at risk for social isolation, loneliness and suicide. The mission of Vet To Vet (V2V) Maine, a non-profit organization, connects trained veteran volunteers with fellow veterans (veteran friends) for companionship, assistance with benefits, and support independent living. This study: (1) assessed if V2V program fulfilled its mission; and (2) determined any care partner effects from the program.

Methods: Mixed methods research spanned 6-months, 2019-2020. Twenty-four participants; trained Veteran Volunteers (VV) were paired with Veteran Friends. Four Care Partners (CP) of Veteran Friends participated. Assessments included pre/post Veteran Rand Health Survey (VR-12), Patient Health Questionnaire (PHQ-9), and Late Onset Stress Symptomatology (LOSS) Short Form. CPs completed pre/post Zarit Burden Interview (ZBI-22) assessments. Qualitative interviews focused on visits/activities, relationship building, and program feedback. Data analyses included Wilcoxon Sign Test and NVivo 12+ Qualitative Data Analysis Software.

Results: Pre/post data failed to show significance (P=.05), however trends supported an improvement in mental and physical health scores. COVID-19 was a confounding variable as state stay-at-home orders occurred at the companion program study mid-point. Three key themes included; (1) Veteran Companionship; (2) Effects of COVID; and (3) Care Partners. The V2V Companion program was determined effective and reported highly successful relationship matches. CPs confirmed the importance and benefits of V2V.