low-income adults living in subsidized housing the impacts of lack of social connection may be especially profound. From a life course perspective, “cumulative economic disadvantage,” if combined with a “cumulative connectedness disadvantage,” may heighten exposure to health risk factors and negative health outcomes. Addressing social risk factors in this population thus may have the potential to reduce health disparities as well as improve quality of life. Decades of epidemiologic evidence suggest that social isolation is a key factor in disparate outcomes. Evidence-based interventions are needed to improve aging in place for this population, but little is known about the individual or contextual factors that influence social connectedness and health among this high-risk population of older adults. This symposium includes interdisciplinary perspectives and methods as well as present results from four studies that examine 1) perspectives on aging in place in subsidized housing; 2) relationship between social connection and food insecurity 3) relationship between social isolation and healthcare utilization and 4) between resident ties and links to health outcomes. Papers in this symposium will highlight the implications of study findings for informing future interventions to improve aging in place for older adults living in subsidized housing.

RESOURCES WITHIN: BETWEEN RESIDENT TIES AND LINKS TO HEALTH AMONG OLDER SUBSIDIZED HOUSING RESIDENTS
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Increasing evidence points to the importance of non-family ties in promoting health among older adults. Less is known though about these ties within the context of subsidized housing. In this study we examine prevalence of social ties between residents and examine links to health. Data were collected through interviews conducted with 39 residents age 62 and older living in a subsidized housing community in Southeast Michigan. Residents reported knowing on average 10 (SD=6.5) other residents, and nominated three (SD=4.2) residents into their close social networks. Residents who reported getting out of the community less often and those with one or more health limitations nominated significantly more residents into their network. Also, getting out of one’s apartment more often was associated with knowing more residents in the community. Findings highlight between resident ties may serve as an important resource for those geographically restricted and may be useful to integrate into interventions.
Older adults living in subsidized housing experience health disparities including disproportionate rates of social isolation and nursing home admission. Little is known about how social relationships and social environment influence aging in place for this population. We interviewed 58 residents aged 62 or older. Qualitative thematic analyses revealed that social relationships both inside and outside the building contributed to residents’ experience of aging in place. Relationships with other residents and staff members provided social support, while connections to family and friends outside the building “opened up” the residents’ world and provided a sense of connection to the larger community. Social and physical environment also contributed, with residents’ ability to move between private and public spaces leading to feelings of freedom and independence. Discussion focuses on expanding definitions of aging in place to encompass residents’ experiences and implications for improving aging in place for this population.

**SOCIAL ISOLATION AND HEALTHCARE UTILIZATION AMONG OLDER ADULTS LIVING IN SUBSIDIZED HOUSING**

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Older adults living in subsidized housing are often at high risk for having multiple chronic conditions and nursing home placement. Previous studies in this population have not examined the relationship between social isolation and healthcare utilization. We examine this using Lubben Social Network Scale-6 and self-reported healthcare utilization. Utilizing data from a multi-state non-profit subsidized housing provider, we performed descriptive and multivariate analyses on a sample of older adults (N=3,822). Overall, 95% reported having a checkup within the last 12 months and an average of less than one emergency room visits (mean = 0.38) or hospitalizations (mean = 0.34). In adjusted models, Socially isolated older adults had lower levels of routine checkup (OR=0.50, CI 0.36,0.70) and higher levels of hospitalizations (IRR=1.30, CI 1.10,1.54) compared to older adults who were not socially isolated. Efforts to address healthcare utilization should identify social isolation and explore strategies to promote social connectedness to improve health.

**FOOD INSECURITY AMONG OLDER URBAN SUBSIDIZED HOUSING RESIDENTS: THE IMPORTANCE OF SOCIAL CONNECTEDNESS**

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Poverty and food insecurity are associated with poor health in later life. Although housing is recognized as a social determinant of health; relatively little research has explored food insecurity in the marginalized population of older subsidized housing residents. In this study, we examined factors associated with food insecurity and particularly how social connectedness was associated with food insecurity. We hypothesized that social connection measures (i.e., loneliness, sense of belonging) independent of sociodemographic, health and food program variables would contribute to food insecurity. Our data are from interviews with 216 residents ages 55-plus (50% Black, 45% LatinX). The 6-item USDA Household Food Security Survey found high rates of food insecurity, 40% for ages 55-69 and 20% for ages 70-plus. Multivariate logistic regression models revealed that loneliness was significantly related to food insecurity even after other factors were controlled. Discussion centers on strategies for addressing social risk factors to ameliorate food insecurity.

**Session 2015 (Symposium)**

**ALZHEIMER’S DISEASE RESEARCH AND OUTREACH IN THE NEW NORMAL: TRANSITIONING TO THE VIRTUAL WORLD**

Chair: Stacy Andersen Co-Chair: Patricia Heyn

Following disruptions to research, clinical trials, and support for individuals with Alzheimer’s disease and related dementias (ADRD), 2020 taught us important lessons about the need for creativity, flexibility, and resourcefulness during an urgent and global public health crisis. The COVID-19 pandemic showed that we have knowledge and technology that can be rapidly implemented, adopted, and utilized by many sectors to allow the continued care and research of our older adult population with ADRD. Thus, this symposium will address virtual methods that are transforming ADRD research and support. First, Dr. Rhodus will discuss the implementation of online assessments in clinical trials at an Alzheimer’s Disease Research Center and the effects of sociodemographic disparities in online accessibility. Next, Dr. Bazzano will describe methods of remote collection of brain health data through tablets, smartphones, and wearables in the Bogalusa Heart Study. Then, Dr. Andersen will report on the transition from in-person to virtual assessments of cognitive and physical function in centenarian studies and address strategies for inclusivity of individuals with limited technology experience. Next, Dr. Fazio will introduce Project VITAL which aims to impact social isolation by increasing accessibility to virtual education and support for care community staff, family caregivers, and individuals with dementia. Finally, Dr. Penfold will report on the translation of a paper-based, face-to-face intervention for reducing caregiver burden into a self-directed online learning program. Overall, these presentations highlight successes and challenges in incorporating virtual-based methods to maintain engagement with participants, individuals with ADRD, and caregivers during the pandemic and beyond.

**LONGEVITY STUDIES IN THE NEW NORMAL: THE MOVE TO VIRTUAL ASSESSMENT**

Stacy Andersen,1 Sandra Rizer,2 Lance San Souci,1 Melissa Berlin,1 Emily Harris,1 Stephanie Cosentino,1 Paola Sebastiani,4 and Thomas Perls,5 1. Boston University

GSA 2021 Annual Scientific Meeting