

FINANCIAL HARDSHIPS AND MEDICATION ADHERENCE DURING THE COVID-19 PANDEMIC

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Medication nonadherence is associated with numerous negative health outcomes among older adults, including myocardial infarction, stroke, preventable hospitalizations, and increased risk of decline in self-reported health status. Maintaining continuous use and access to needed medications in later life has important implications for quality and length of life. A primary barrier shown to interfere with medication adherence in older adults is an inability to pay for medication. Relative to their younger counterparts, older adults have more financial protections that increase access to needed prescription medication through health insurance coverage. Despite these added protections, older adults are more likely to experience financial insecurity, with some evidence suggesting that COVID-19 accentuated existing vulnerabilities. Data are derived from the Health and Retirement Study (HRS), leveraging data drawn from the 2016, 2018, and 2020 study waves (n=3,185). Logistic models were used to evaluate the association between five COVID-19 related financial setbacks (i.e., inability to pay mortgage/rent, credit card bills, utility or insurance bills, medical bills, and inadequate money for food), and medication nonadherence among adults 60+. Results show that net of pre-COVID financial vulnerabilities and socioeconomic status, individuals who reported being unable to pay medical bills and those unable to pay rent/mortgage after the start of the pandemic reported higher odds (19% higher and 230% higher odds, respectively) of not taking/filling their prescription medication due to cost. Results suggest that greater financial protections for housing and medical bills among financially vulnerable older adults will increase medication adherence.

FINANCIAL HARDSHIPS AND DEPRESSIVE SYMPTOMS DURING COVID: THE MODERATING ROLE OF RESILIENCE

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Financial hardships during COVID (FHDC) are a particularly salient stressor that older people faced during the pandemic. Financial stress is associated with increased depressive symptoms and may be especially consequential to mental health among older people who have fewer resources (i.e., financially vulnerable). Recent evidence shows that psychological resilience has important protective effects for mental health among older adults who experience major stressors. This study, based on the recently released full 2020 core wave of the Health and Retirement Study, examines the association between having experienced one or more major financial setbacks following the start of the pandemic and depressive symptoms. We evaluate the consequences of FHDC for mental health, how FHDC are associated with previous financial vulnerability, and the role of psychological resilience in shaping the effects of FHDC. Results show that having experienced FHDC is associated with an increase in depressive symptoms. In addition, reporting financial vulnerabilities

four years prior to the pandemic was also associated with increased depressive symptoms. Finally, psychological resilience was associated with a significant, protective effect on depressive symptoms, and moderated the consequences of FHDC. Specifically, we find that those who had FHDC and had average or below average resilience experienced significant increases in depressive symptoms, but those with above average resilience did not experience increases in depressive symptoms despite having FHDC, accounting for the consequences of previous financial vulnerabilities. These results suggest that psychological resilience has potential to be a protective resource for mental health consequences of financial stress among older adults.

DIFFERENTIAL ROLES OF COVID-19-RELATED STRESSORS IN MENTAL HEALTH PROBLEMS: A NETWORK APPROACH

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COVID-19-related stress is heterogeneous and associated with increased mental health conditions in older adults. This study is to investigate relationships between different stressors and how different stressors may increase risks for mental health conditions through a network approach. A telephone survey was conducted among 4,921 older adults (age≥60) from April to June 2022 during the biggest community outbreak of COVID-19 in Hong Kong. The validated 8-item COVID-19-Related Stress Scale (CSS-old) (Cronbach's α : 0.91) was used to investigate the different stressor for older people in Hong Kong. Respondents were screened for depression using the Patient Health Questionnaire-2 (PHQ-2), anxiety using the Generalized Anxiety Disorder 2-item (GAD-2), and stressors with the CSS-old, 4708 responded to all questions. A regularized partial correlation network via graphical LASSO procedure was computed to analyze the relationship between 8 stressors; a directed acyclic graph (DAG) via a Bayesian hill-climbing algorithm was generated from CSS-old and comorbidity network with PHQ-2 and GAD-2 items. Network analyses identified CSS-old item 6 (families or friends infected), item 3 (daily life interrupted), item 5 (fear of infection affecting the family), and item 8 (worry for community's health) as the core stressors. DAG analysis found a key triggering role for item 1 (suspension of community services), and the activation of the mental health problems occurred through item 1, which bridged the COVID-19-related stress and mental health problems. These findings suggested that providing support for families with COVID-19 patients and alternative services during community service suspension may reduce mental health problems risks.

CULTURAL AND SOCIAL FACTORS IN CARE DELIVERY BY AFRICAN AMERICAN CAREGIVERS OF ADULTS WITH DEMENTIA AND COVID-19

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African American /Black caregivers make up 13% of the total number of adult caregivers in the United States and