BRIEF TELEPHONE INTERVENTION FOR CAREGIVERS OF MEDICALLY COMPLEX PATIENTS DURING COVID-19
Mary Stevens-Carr,1 Kevin Sethi,2 Channing Cochran,2 Margaret Bencomo-Rivera,1 and Janice Marceaux,2
1. South Texas Veteran Healthcare System, San Antonio, Texas, United States, 2. South Texas Veterans Health Care System, San Antonio, Texas, United States, 3. STVHCS, San Antonio, Texas, United States

The VA Home Based Primary Care (HBPC) program consists of an interdisciplinary team, including psychology, serving veterans with complex medical conditions who are supported by live-in caregiver(s). HBPC psychologists may work with caregivers to address caregiver stress. Some veterans enrolled in HBPC attend Adult Day Care (ADC) programs, allowing respite for caregivers. At the onset of COVID-19 pandemic, ADC centers closed to minimize spread of the virus. The authors identified these caregivers to be at high risk for burnout and sought to develop a protocol to assist these caregivers via telephones and evaluate outcomes. PreCOVID-19 caregiver stress was known via a 4-item Zarit Caregiver Burden annual screening (Bédard et al., 2001). Following ADC closures, caregivers of veterans enrolled in ADC programs were contacted and re-administered the Zarit to determine impact of COVID-19 on caregiver stress. Caregivers of veterans not attending ADC were also contacted for comparison. Contacted caregivers were provided a brief CBT-based intervention via telephone, and post-intervention Zarit screening was administered after two weeks. Ultimately, 4 ADC caregivers and 4 non-ADC caregivers were contacted and provided with services before ADC centers reopened. Statistical analysis via mixed model ANOVA did not yield significant results, likely due to small sample size, although there was a large effect size (ηp² = .566). ADC caregivers generally reported increased stress from baseline following ADC closure and reduced stress following provision of intervention. The authors will present caregiver feedback about aspects of telephone intervention that were helpful, and not helpful, as well as authors impression.

CHALLENGES, BARRIERS, STRATEGIES IMPLEMENTING AN ORAL HYGIENE PROGRAM IN ASSISTED LIVING FACILITIES POST COVID-19
Kim Attanasi and Victoria Raves, New York University, Maplewood, New Jersey, United States

[Objective] Almost 8% of the U.S. population, 65 and older, reside in long term care facilities with limited delivery of essential dental care to prevent and manage oral health disease. By 2050, this population is expected to increase by 1.6 billion. Multiple bi-directional connections exist between oral disease and overall health. [Methods] Faculty from the Dental Hygiene Department, New York University College of Dentistry conducted an extensive outreach effort and randomly selected assisted living facilities. Facilities were offered the opportunity to receive at no-cost, a dental hygiene-led, educational, preventive oral health program delivered virtually to their residents as a community service. Incentives discussed. [Results] Twenty-one facilities were contacted, 17 (94.4%) had no oral healthcare program; one had an oral health component. In 13 (72%), the concierge functioned as gatekeeper, unwilling to transfer calls or deliver messages. In five (28%), calls were directed to the activity coordinator. Feasibility concerns and uncertainty about oral health service necessity and resident safety were voiced. Two facilities mentioned familiarity with dental hygiene professionals. Strategic changes in outreach resulted in successfully engaging with facility administrators. Strategies included identifying directors with familiarity or experience with dental hygiene profession, establishing a portfolio and utilizing technology that facilitate incorporating COVID-19 protocols. [Conclusions] Efforts to initiate a dental hygiene-led virtual oral health program encountered gatekeeper challenges. Although facility activity coordinators acknowledged benefits for their population, they were not final decision-makers. It was necessary to implement strategies that facilitated discussing the virtual oral hygiene program directly with the facility’s executive leadership.

CHANGES IN FAMILY CAREGIVER ROLES AND INTERACTIONS DURING THE COVID-19 PANDEMIC
Rajean Moone,1 Elizabeth Lightfoot Kamal Abdí Suleiman,2 Courtney Kutzler,3 Jacob Otis,3 Kenneth Turck,3 and Heejung Yun,3 1. University of Minnesota, Woodbury, Minnesota, United States, 2. University of Pennsylvania, St. Paul, Minnesota, United States, 3. University of Minnesota, St. Paul, Minnesota, United States

Family caregivers provide the majority of support for older adults and people with disabilities in the U.S. The onset of the COVID-19 pandemic forced radical changes in duties and relationships between family caregivers and care recipients. These changes can be attributed to fears of virus transmission as well as federal, state and local government mitigation strategies resulting in social distancing and quarantining limiting caregiving interactions. This qualitative investigation conducted 55 Zoom interviews over summer 2020 with family caregivers to explore their changing roles and duties during the pandemic. Researchers utilized a semi-structured interview guide to explore caregiver experiences with COVID-19. The average age of the caregiver participants was 59 and the average age of the care recipients for whom they provided care was 74. All participants provided unpaid care for family members. Interviews were conducted in English (n=40), Spanish (n=5), Somali (n=5) and Korean (n=5). Care recipients resided in a facility (nursing home, memory care, ICF-DD, or other assisted living) (70%) with the caregiver (20%), and in a separate independent setting (10%). Data from each interview were coded into themes by two researchers. Themes that emerged from the analyses included concerns about care recipient mental and physical health deterioration, lack of communication from formal providers, change in relationships with other family members, and future concerns. Implications for additional research and practice are included.

CHANGES IN PHYSICAL ACTIVITY DURING COVID-19 PANDEMIC IN URBAN AND RURAL OLDER VETERANS AND THEIR COHABITANTS
Chao-Yi Wu,1 Rachel Wall,2 Zachary Beattie,1 Nora Mattek,1 Jeffrey Kaye,1 Hiroko Dodge,4 and Lisa Silbert,1 1. Oregon Health & Science University, Portland, Oregon, United States, 2. Portland Veterans Affairs Medical Center, Portland, Oregon, United States, 3. Layton Alzheimer’s Disease Center, Portland, Oregon, United States

[Objective] Hardship and changes in daily activities due to the COVID-19 pandemic have been well-studied in urban areas. However, relatively few studies have examined the pandemic’s impact on older veterans and their caregivers living in rural areas. [Methods] Using 2013-2018 Veterans Health Administration Inpatient Care Survey data, we estimated the impact of COVID-19 on physical activity (PA) in older veterans and their caregivers living in urban and rural communities in the United States. Participants were classified as older veterans (≥65), caregivers (≥65), or non-caregivers (≤64). Simple linear regression using robust variance estimators was employed to assess changes in self-reported PA levels between 2013-2018 and 2019-2020. [Results] In both urban and rural communities, the percent of older veterans engaging in any PA decreased significantly between 2013-2018 and 2019-2020 for both men and women. caregivers of older veterans also experienced decreases in PA levels. [Conclusions] Older veterans and their caregivers experienced decreases in PA levels during the COVID-19 pandemic. These changes may have detrimental effects on physical and mental health and further research and potential interventions are needed.
United States, 4. Pregon Health & Science University, Portland, Oregon, United States

Background: The COVID-19 pandemic has changed the health security of older adults. Few have examined how older US veterans have reacted and coped with the COVID-19 pandemic. We aimed to identify changes in physical health and their differential impact by rurality of older veterans.

Method: Participants were veterans (aged ≥ 62 years) and their cohabitants, living in the Pacific Northwest, enrolled in the Collaborative Aging Research using Technology (CART) initiative. Daily step counts via actigraphy were collected from January 1st to July 8th, 2020. COVID-19 time periods were determined by stay-at-home orders issued on March 13th, 2020. Generalized estimating equation models were used to examine changes in physical activities associated with COVID-19 time periods and rurality indicated by the rural-urban commuting area score. Results: A total of 102 participants were included in the analysis (mean age = 71.0 years, 56% male, 32 living in urban areas). Daily average step counts were 2318 and 3012 before and after COVID-19 stay-at-home orders (t=4.85, p<.001). After controlling for covariates, participants living in large rural (β=.26, p=.03) and small/isolated areas (β=.23, p=.02) walked more than those living in urban areas after COVID-19 stay-at-home orders. Conclusion: Older adults cope differently during the COVID-19 pandemic based on rurality, with those living in large rural and small/isolated rural areas having increased physical activity. Reasons for increased step counts (e.g., mood, visitors, size of the house) require further investigation. This result demonstrates the potential utility of real-world monitoring to objectively inform interventions for COVID-related secondary health changes.

COMMUNITY ENVIRONMENT AND COVID-19-RELATED STRESS AMONG OLDER ADULTS WITH DISABILITIES IN TAIWAN
Meng-Hsuan Yu,1 and Shiau-Fang Chao,2 1. National Taiwan University, Taipei City, Taipei, Taiwan (Republic of China), 2. National Taiwan University, Taipei City, Taiwan (Republic of China)

The outbreak of the COVID-19 pandemic at the beginning of 2020 forced many countries to implement social distancing policies such as the suspension of activities and gatherings. Taiwan is the leading country which took active epidemic prevention measures in local communities, including closing the community centers and programs for older adults. Older adults with chronic health conditions are particularly vulnerable to the COVID-19 pandemic because they have disproportionately been affected by it. This study examined the associations between community environment and COVID-19 related stress of community-dwelling older adults with disabilities. Data were collected from a sample of 547 community-dwelling older adults aged 65 and over with disabilities in Taiwan between April and July, 2020. Multiple Regression Analysis was applied to test the hypothesized relationships. The analytic results suggested that: First, participants who were younger and with better cognitive functioning had higher levels of COVID-19 related stress. Second, as the confirmed case number dropped by month, participants interviewed in the later months expressed lower levels of COVID-19 related stress. Third, older adults who perceived more obstacles in their environment reported higher levels of COVID-19 related stress. In conclusion, although restrictions during the pandemic is inevitable to secure the safety of the public, programs should be designed for older adults with disabilities to remove the obstacles and to make information, policies and services more accessible in the communities to mitigate their COVID-19 related stress.

COMPARING THE PROTECTIVE VALUE OF HUMAN AND PET SOCIAL SUPPORT ON WELL-BEING OF OLDER ADULTS DURING COVID-19
Juliet Sobering,1 and Lisa Brown,2 1. Palo Alto University, San Jose, California, United States, 2. Palo Alto University, Palo Alto, California, United States

Older adults are vulnerable to particular risk factors that contribute to lower well-being and poorer functioning. With the COVID-19 pandemic, the importance of social support has been highlighted in media reports because of its well-known beneficial effects on overall well-being. However, as adults age, social networks, contacts, and activities naturally decrease. These age-related losses are often difficult, if not impossible, to replace. Pets have recently been recognized as a valuable source of social support for many older adults, providing both physical and psychological benefits through mutual connection and behavioral activation. Previous studies have examined how human social support or pet social support enhance older adults’ well-being (i.e., positive emotions, engagement, relationships, accomplishment, and meaning). However, there is a gap in our scientific knowledge as previous research has not evaluated if pet social support can serve as a protective factor in the absence of adequate human social support. Current analyses, with 141 older adult participants, suggests that pet owners with a positive attachment to their pet experience higher well-being as pets serve as a coping resource that protects against common life stressors. Similar to human social support, pet social support appears to be a protective factor that also promotes and fosters a sense of well-being in older adults. Support in late life is especially important for families and agencies to be attuned to, especially during a global pandemic.

CONVERTING PHYSICAL FUNCTION TESTING TO THE REMOTE SETTING: ADAPTING OUR RESEARCH PROTOCOL DURING COVID-19
Kerri Winters-Stone,1 Colin Lipps,2 Carolyn Guidarelli,1 and Pablo Herrera-Fuentes,2 1. Oregon Health & Science University, Portland, Oregon, United States, 2. Oregon Health & Science University, portland, Oregon, United States, 3. Oregon Health & Science University, PORTLAND, Oregon, United States

Objective measurement of physical function can be a more sensitive predictor of future disability and changes over time than self-report measures. However, objective measures require in-person assessments which can limit their use in hard-to-reach populations. During the COVID-19 pandemic, laboratory assessment of physical functioning in our two large randomized controlled exercise trials in older adults with cancer was temporarily suspended. We adapted testing protocols for administering the short physical performance battery (PPB), including chair stand (CS; sec) and 4m usual walk (4MW; m/s) tests, and timed-up-and-go (TUG; sec) tests of physical functioning for remote assessment by video conferencing technology. We report on interim assessments of...