POLICIES AND PERSPECTIVES AROUND SEXUAL ACTIVITIES AMONG RESIDENTS WITH COGNITIVE IMPAIRMENT OR DEMENTIA IN LTC
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Many older adults remain sexually interested and active in later life. However, little is known about how sexual policies and practices in skilled-nursing facilities (SNF) address sexual activities of residents with cognitive impairment and dementia. This study seeks to identify the current sexual policies and staff’s perspectives related to residents with cognitive impairment or dementia in SNFs in Kansas. Online surveys and mailed surveys were distributed to administrators from all 364 SNFs in Kansas in June 2020. 60 long-term care facilities (16.5%) answered the survey. Of 60 survey respondents, 22 facilities (36.7%) have a policy addressing sexual expression and 19 of those policies (94.7%) address issues related to cognitive impairment, competency, or dementia. 77.4% had trained their staff on the impact on sexual expression for those with cognitive impairment or dementia once or more than once during the past year. 73.3% of administrators stated that their staff would respond differently to sexual expression among individuals with dementia or cognitive impairment compared to other residents, often noting issues related to consent and capacity. 55.2% reported any sexual expression among residents with dementia within the past year. Findings indicated that there is a lack of overall sexual policies, but those that exist are likely to address residents with cognitive impairment or dementia. Although there is evidence of training and attention to issues related to sexual expression in individuals with dementia or cognitive impairment, there is a need for further efforts to establish practice norms and policies around more complex or nuanced situations.

BIOBEHAVIORAL HEALTH

PSYCHOLOGICAL DISORDERS LINKED TO OSTEOPOROSIS IN A POPULATION-BASED COHORT STUDY
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Psychosocial disorders can stem from or have profound effects on one’s health, having been linked to many negative health outcomes. In this study, we hypothesize psychosocial disorders are associated with a higher risk osteoporosis diagnosis. Self-reported information from years 2012-2016 of the public-use, longitudinal cohort-based Health and Retirement Study, was evaluated from 11,716 American respondents aged 50-90 years old. The odds of scores on the Center for Epidemiological Studies Depression (CESD) scale, and broader psychological disorders (emotional, nervous, psychiatric) on osteoporosis diagnosis (outcome), were estimated with a logistic regression using survey weights, while controlling for sex, logged age, education level, race/ethnicity, family structure during childhood (number of adults), having thyroid disease, allostatic load, and body weight. A McFadden’s R2 (0.18) shows the model fits relatively well. The results demonstrate that as CESD score goes up, there is a 10% increase in odds (OR = 1.1, P < 0.001) of an osteoporosis diagnosis. Similarly, if a respondent reported a doctor told them they had other psychological disorders, the odds of an osteoporosis diagnosis increased by 52% (OR = 1.52, P < 0.001). It is unknown whether the components of broader psychological disorders are caused by decreased quality of life and/or other limitations from osteoporosis or if they contribute to bone health changes in this sample, or both. However, as CESD is a short-term measure (reflecting on the week prior) it is deduced to be as a result of a decreased quality of life associated with some cases of osteoporosis.

SYMPTOMS CONTRIBUTING TO SLEEP PROBLEMS IN OLDER ADULTS WITH TYPE 2 DIABETES
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Sleep problems are common in older adults. Those with diabetes are more vulnerable to sleep disorders since diabetes-specific symptoms can interfere with sleep quality. Yet little is known which diabetes symptoms most strongly affect sleep in older adults. This study aimed to examine the associations between diabetes symptoms and sleep and to identify the symptoms that most strongly disrupt sleep in older adults in the United States. Diabetes symptoms were assessed using the Diabetes Symptom Checklist-Revised. Sleep impairment and sleep disturbance were self-reported using The Patient-Reported Outcomes Measurement Information System. Demographic (age, sex, race/ethnicity) and other variables (body mass index, depressive symptoms, diabetes duration, glycemic control) were also assessed. Multivariate regression analyses were used with standardized coefficients. A total of 82 adults aged ≥ 60 years were included (mean age = 68.32 ± 5.29 years, White 76.83%, female 56.1%). After controlling for demographic and other variables, increased hypoglycemia ($\beta$ = .35), hyperglycemia ($\beta$ = .38), fatigue ($\beta$ = .65), cognitive ($\beta$ = .48), and ophthalmologic ($\beta$ = .25) symptoms and neurological pain ($\beta$ = .42) significantly increased sleep impairment. Of these, fatigue was the strongest contributor to sleep impairment. Similarly, increased hyperglycemia symptoms ($\beta$ = .30), fatigue ($\beta$ = .34), and neurological pain ($\beta$ = .37) significantly increased sleep disturbance while neurological pain was the strongest contributor. To improve sleep quality of older adults with diabetes, their diabetes symptoms should be comprehensively assessed, and potential contributor to poor sleep such as increased fatigue and neurological pain should be addressed.

EXERCISE BEHAVIOR IS DETERMINED BY PANDEMIC DISTRESS AND TASK BURDEN AMONG CAREGIVERS OF OLDER ADULTS
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Background: Caregivers who have dependents with dementia are at a much higher risk of heart disease and mental illnesses compared with non-dementia caregivers. Consequently, these outcomes have been exacerbated by societal barriers that resulted from the pandemic. Engaging in regular physical activity
at a moderate-to-vigorous level (MVPA) is beneficial for caregivers has it has been shown to prevent several adverse health outcomes. However, pandemic-related (COVID-19) distress likely worsened caregiver burden which in turn compromised their MVPA levels. The purpose of this study was to understand how caregiving impacts MVPA when accounting for physical activity determinants from an augmented Theory of Planned Behavior (TPB) model.

Methods: Participants (n=127) were caregivers for older adults (65+) who have dementia. Participants completed measures of MVPA (behavior), TPB, pandemic-related distress (COVID Caregiver Risk Index) and burden scale for family caregivers. The study was investigated using a structural equation model.

Results: Participants were 45.5 (SD=3.4) years old, 76.4% female. Attitudes (β=.22, p=.012) and perceived behavioral control (β=.19, p=.001) predicted intention. Attitudes and perceived behavioral control mediated the relationship between past behavior and intention (β=.17, p=.02). Covid distress predicted caregiver burden (β=.35, p<.001), and caregiver burden mediated the effects between distress and behavior (β=.12, p=.01).

Conclusions: Caregiver burden findings suggest that societal changes and demographic-specific burdens related to caregivers need to be considered for caregivers with dependents who have dementia. Taken together, exercise programs that focus on traditional behavioral determinants also need to include specific approaches to buffer caregiving burden experienced in this demographic.

CHRONIC CONDITIONS AND MORTALITY: MODERATION BY SELF-RATED HEALTH
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Chronic conditions become more common with age and greater numbers and severity of chronic conditions, in turn, increase the risk of mortality. However, individuals with similar disease burden often have different mortality rates. The purpose of the present study is to examine potential explanations for divergent mortality outcomes. Self-rated health (SRH), or perceptions of one's own health, consistently predicts mortality. Thus, we hypothesized that participants’ SRH would modify the association between chronic conditions and mortality. Data were from the second wave of the Midlife in the US (MIDUS study, N=5,524). Mortality data were collected through 2018. Chronic conditions were measured in two different ways. To assess disease severity, each chronic condition was weighted by its propensity to cause disability; these were then summed. The second was a count of chronic conditions, a common measure in many studies. SRH was measured on a scale of 1-5 (1 = poor, 5 = excellent). Results from logistic regression models showed probability of mortality increased significantly with greater disease burden (measured both as counts and severity of conditions) and decreased with higher ratings of SRH. Importantly, compared to lower ratings, higher ratings on SRH were associated with lower probability of mortality at the same levels of disease severity. In fact, participants who rated their health as excellent showed no increase in probability of mortality with increasing number or severity of conditions. Overall, this study suggests that even in the context of chronic diseases, positive perceptions of health predict greater longevity.

REMOTE ELECTRONIC DATA CAPTURE OF MEDICATION USE AND AGITATION SYMPTOMS IN OLDER ADULTS WITH MCI OR DEMENTIA
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Timely and objective knowledge regarding behavioral and psychological symptoms (BPS) in older adults with cognitive impairment or dementia residing in the community setting is challenging to obtain. The Monitoring Dementia-Related Agitation using Technology Evaluation (MODERATE) Study aims to identify longitudinal changes of agitation and related symptoms for dyads living at home with dementia. To date, MODERATE has enrolled seven dyads (a person living with MCI or dementia and a spousal caregiver). The mean age of the participants is 75.7 (8.5) years, the age of the spousal caregivers is 71.0 (6.0) years, and 5 out of 7 of the participants with MCI or dementia are male. We created an online survey, which is sent weekly to the caregivers, to inquire of any changes in medication and frequency of symptoms of agitation experienced by the persons with MCI or dementia in the past week. As of 02/22/2022, 102 weekly surveys (mean per participant = 14.6) were sent out via email; 99 responses were returned (response rate of 97.1%). One caregiver used a personal computer (PC) only, 2 used smartphone only and 4 used both PC and smartphone to complete the surveys. The median time to complete the online survey was 3.83 minutes with IQR 1.72 – 9.14 minutes. “Complaining, negativism, refusal to follow directions” were the most commonly reported agitation behaviors reported (43% of surveys). Caregivers can provide regular detailed symptom profiles and medication reports online. This approach may be used for more timely and informative management of BPS in dementia.

SESSION 6090 (POSTER)

COVID-19 PANDEMIC

THE IMPACT OF COVID-19 ON SERVICE USAGE IN A RURAL “VILLAGE”
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The Covid-19 pandemic disrupted service access and use for many older adults aging in place. This study focuses on understanding how a rural “Village”, where services are primarily provided by volunteers to older adults, adjusted to Covid-19. The sample is drawn from service users of at least one or more services between January and October 2020 (N=233). Survey and qualitative data were gathered via telephone-interview (N=80). This study examined (1) the impact of Covid-19 on service use and ability to stay at home, 2) services offered, and 3) changes to day to day