self-care adherence among persons with HF. Further research is needed to understand the impact of PP characteristics and patient activation level on HF self-care adherence in POC.

Session 1215 (Symposium)

COHORT DIFFERENCES AND SIMILARITIES IN WOMEN’S ATTITUDES ABOUT SELF AND AGING
Chair: Aurora Sherman Discussant: Jamila Bookwala

This panel focuses on four complementing and international views of women’s aging, with a special emphasis on cohort comparisons and using three different studies of women, with contrasting methodological frameworks. In so doing, we present evidence related to trends in social perceptions of aging, attitudes about aging and identity, and ideas about control and objectification. Dr. Newton presents data on older Canadian women showing the connection between physical aging and identity maintenance, using both qualitative and quantitative data and using the life course perspective. Dr. Ryan, using data from the Health and Retirement Study to compare cohorts of women from the 2008 and 2018 HRS waves, reports cohort differences in negative self-perceptions of aging, and that both cohort and negative self-perfections are associated with life satisfaction, using the life course developmental framework. Ms. Tran compares younger and older cohorts of women on a measure of self-objectification, finding that the older cohort reported lower objectification, consistent with a selection, optimization, and compensation (SOC) model. Finally, Dr. Sherman, using the same data set as Ms. Tran, shows that control beliefs are associated with objectification, regardless of cohort, consistent with objectification theory predictions of consistency over time regarding the impact of objectification experiences. Dr. Jamila Bookwala will provide discussion of this group of papers.

CONTROL BELIEFS, AGE, AND OBJECTIFICATION EXPERIENCES IN YOUNGER AND OLDER WOMEN
Aurora Sherman, Oregon State University, Corvallis, Oregon, United States

Control beliefs show age-related patterns; mastery decreases in adulthood, while constraints beliefs often increase. However, there is a great deal of individual variation. This paper addresses antecedents of control beliefs, with attention to experiences and beliefs related to sexual objectification, which have particular impact for women. In this study, younger women (N = 132, M = 20.93) and older women (N = 86, M = 67.83) were surveyed regarding their experiences with sexual objectification and constraints beliefs. Multiple regression analyses revealed higher self-objectification was associated with higher constraints (R2 = .09**) and lower mastery (R2 = .11**) but reports of body evaluation and sexual advances were not associated with control beliefs. Further, there were no interactions of either objectification scale with age. These results suggest that objectification may be an important part of the aging experience across the life course, not just in young adulthood.

AGE, ATTITUDES TO AGING, AND IDENTITY IN OLDER CANADIAN WOMEN
Nicky Newton, Wilfrid Laurier University, Waterloo, Ontario, Canada

The life course perspective emphasizes social structure, personal agency, and their interdependencies (Settersten et al., 2020), serving as the theoretical framework for this study. Given stereotypical societal views of gender and aging (e.g., Sontag, 1979), physical aging is often the focus when examining women’s aging attitudes and concomitant changes in a sense of personal identity. Additionally, studies of midlife women have found relationships between age and identity (e.g., Stewart et al., 2001). Using quantitative and qualitative data, the present study examines associations between age, personal identity, and attitudes to physical, psychological and social aging in older Canadian women (N = 190, Mage = 70.38). Results show that while attitudes to physical aging contribute to identity maintenance, attitudes to social and psychological aging are also important for older women’s identity maintenance. Interactions between age and attitudes to aging associated with personal identity are discussed with reference to the life course perspective.

COHORT DIFFERENCES IN WELL-BEING AMONG MIDLIFE AND OLDER WOMEN: ROLE OF SELF-PERCEPTIONS OF AGING
Lindsay Ryan, University of Michigan, Ann Arbor, Michigan, United States

The current study examines how cohort differences across two age-matched groups of midlife and older women from the Health and Retirement Study are associated with well-being and self-perceptions of aging (SPA). Women aged 51–60 (n=2318) and 61–70 (n=1650) were selected from the 2008 and 2018 waves. No significant cohort differences were identified for life satisfaction (Diener, Emmons, Larsen & Griffin, 1985) or positive SPA (Lawton, 1975; Liang & Bollen, 1983). The 2008 cohort of midlife women reported significantly higher negative SPA compared to 2018 (p<.05). Linear regression analyses find that cohort and SPA are significantly associated with life satisfaction in both age groups, and that the association of negative SPA differs by cohort for the midlife women (p<.01). Implications are discussed within the life course developmental framework.

COHORT DIFFERENCES IN SELF-OBJECTIFICATION
Sydney Tran, Oregon State University, Corvallis, Oregon, United States

Sexual objectification socializes women to engage in self-objectification—the tendency to view one’s body as an object to be used by others and evaluating one’s value in terms of attractiveness to others (Noll & Fredrickson, 1998)—and leads to negative psychological consequences. As women age, their bodies move further away from the thin ideal (Guo, Zeller, Chumlea, & Siervogel; 1999) potentially making them more susceptible to body concerns and dissatisfaction. However, may also begin using selection, optimization, and compensation (SOC) strategies, countering the impacts of sexual objectification, and promoting successful aging. We compared self-objectification between women in early adulthood (N = 132, M = 20.93) and women in late middle age or late adulthood (N = 86, M = 67.83). Results showed that older women had significantly lower levels of self-objectification than younger women. Our findings support the idea the
SOC strategies protect against the consequences of sexual objectification.

Session 1220 (Symposium)

COVID-19 IN ASSISTED LIVING: EVIDENCE ON POLICIES, PROVIDER EXPERIENCES, AND RESIDENT MORTALITY

Chair: Kali Thomas Discussant: Lindsay Schwartz

The devastating effects of Coronavirus disease 2019 (COVID-19) among older adults residing in long-term care settings has been well documented. Assisted living settings in the U.S. have 811,000 residents; most are 80 years or older, and many have one or more chronic illnesses, making them highly susceptible to poor outcomes if exposed to COVID-19. This symposium highlights five studies that focus on various levels of COVID-19 response in assisted living: national organizations, states, assisted living operators and healthcare providers, and residents. The first study compares the sometimes conflicting guidance provided by national long-term care industry-related organizations and recommends assisted living-specific actions for the future. The second study describes the state regulatory response to COVID-19 in assisted living, identifying the themes and implications for the function of the care networks of assisted living residents. The third study presents findings from interviews with key stakeholders, including policymakers and industry leaders, that reflect on the challenges responding to changing recommendations and policies. The fourth study reports results from a survey with administrators and medical and mental health care providers who treat their residents that illustrates the care practices that were implemented in response to COVID-19 in assisted living. The fifth presentation documents the national excess assisted living resident mortality that was attributable to COVID-19. This symposium culminates with a leading assisted living industry expert reflecting on providers’ experiences and posing areas to consider when preparing for and responding to future pandemic events in assisted living settings.

COVID-19 RECOMMENDATIONS FOR ASSISTED LIVING: IMPLICATIONS FOR THE FUTURE

Andrew Vipperman,1 Sheryl Zimmerman,2 and Philip Sloane1

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Similar to nursing homes, COVID-19 has challenged assisted living (AL), given its congregate nature and vulnerable residents. However, COVID-19 recommendations have not consistently recognized differences between nursing homes and AL, and in so doing present implications for the future of AL. This project examined COVID-19 recommendations from six key organizations and compared them across nursing homes and AL. Differences include recommending more flexible visitation and group activities for AL, while similarities suggest that AL may best integrate health care into offered services (e.g., work with consulting clinicians who know residents and the AL community). Primary points to be discussed are that COVID-19 may accelerate the closer coordination of social work and medical care into AL, because recommendations suggest AL would benefit from the services and expertise of nurses, social workers, and physicians. There seems to be an unmet need to mitigate loneliness in AL, which warrants specific attention moving forward.

STATE REGULATORY RESPONSE TO COVID-19 LIMITED ASSISTED LIVING RESIDENT CAREGIVER NETWORKS

Lindsey Smith,1 Bethany Linscott Lowe,2 Sarah Dys,3 Kali Thomas,4 Sheryl Zimmerman,1 and Paula Carder3
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This paper describes a qualitative content analysis of assisted living emergency rules, revised regulations, and executive orders responding to the COVID-19 pandemic. Using key search terms, we identified 36 states that enacted policies between February and October 2020. The following themes occurred most frequently: testing, infection control, access restrictions, suspension of requirements, and reporting. The convey of care model recognizes internal, external, formal, and informal caregivers as essential members of an AL resident’s care network. We found that non-staff care providers, including external formal caregivers (e.g., home health and hospice) and informal caregivers (e.g., family), were most often addressed in policies limiting access. Informal caregivers were the least often specifically addressed in these policies. Given the importance of these network members in the AL context, these policies have implications for the wellbeing of the resident and care network.

COVID-19 RESPONSE IN U.S. ASSISTED LIVING SETTINGS: KEY STAKEHOLDER PERSPECTIVES

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Unique regulatory requirements and scope of services within assisted living (AL) pose distinctive challenges to COVID-19 response. To identify COVID-19 issues specific to AL, we recruited stakeholders with expertise in AL operations, policy, practice, and research (n=42) to participate in remote interviews between July and September 2020. Using thematic analysis, we derived the following overarching themes: 1) Policymakers lack an understanding of the AL context; 2) AL administrators were left to coordinate guidelines with little support; 3) AL organizations faced limited knowledge of and disparate access to resources; 4) State-level regulatory requirements conflicted with COVID-19