ADULT DAY SERVICES AND COVID: A CRISIS IN OHIO
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An Ohio Executive Order forced adult day service providers across the state to close from March 24, 2020 until September 21, 2020 due to COVID, resulting in significant hardship for providers and families. In fact, 65% of programs reported laying off or reducing staff and 83% of directors reported participants had to move to higher and more expensive levels of care such as nursing homes and assisted living. Programs reported that 74% of caregivers had to choose between working and taking care of their family members. Ninety-one percent of ADS program directors in Ohio reported their caregivers were experiencing an increase in stress and anxiety. This paper explores the experiences of Ohio adult day providers during the COVID epidemic, and identifies the challenges and opportunities to coalition building to educate policymakers about day services and the crucial care centers provide.

ADULT DAY SERVICES AS AN ESSENTIAL SERVICE AND SUPPORT
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Throughout the COVID-19 pandemic, the significant challenges and gaps related to the care of older people in the U.S. were made distressingly apparent. This summary presentation will consider the effects of COVID-19 and associated shutdowns on older persons who use ADS programs, their family caregivers, and programs/staff themselves. Among recommendations to consider are the classification of adult day services and similar community-based long-term care providers as essential (and clarifying their difference from senior centers). In addition, considering new financing approaches and utilizing ADS or similar community-based programs as incubators of evidence-based innovation are options to consider to better align ADS with optimal dementia care.

Session 1425 (Symposium)
INNOVATIVE POPULATION AND INTERVENTION RESEARCH FOR LGBTQ+ OLDER ADULTS WITH DEMENTIA IN A COVID WORLD
Chair: Charles Emlet
Co-Chair: Karen Fredriksen Goldsen

This past year, the lives of vulnerable older adults, including those within the older LGBTQ+ community, have been disrupted dramatically, as has the research agendas designed to improve their lives. Older people, including LGBTQ+ older adults with dementia, have been placed at increased risk for social isolation and mental health issues during COVID, making viable interventions even more crucial. Additionally, how research is conducted within these communities needed to be adjusted in order to preserve viability. This symposium draws upon data from the National Health Aging and Sexuality/Gender study, the first longitudinal study of LGBTQ+ older adults in the United States, as well as data from Aging with Pride: IDEA (Innovations in Dementia Empowerment and Action), the first randomized controlled trial (RCT) designed to improve quality of life among LGBTQ+ adults living with dementia and their care partners. (1) Kim and Fredriksen Goldsen examine modifiable behavioral and social factors that can improve quality of life among LGBTQ+ older adults with cognitive impairment. (2) Fredriksen Goldsen, Teri, Emlet and colleagues present initial efficacy findings from the IDEA study and how the intervention needed to be altered to be viable in a COVID world. (3) The importance of Motivational Interviewing (MI) as part of a LGBTQ+ sensitive intervention designed for LGBTQ+ older adults with dementia and their care partners is discussed by Petros, Fredriksen Goldsen and Teri. As COVID continues to impact vulnerable populations as well as research and service delivery, identifying new and innovative strategies will become increasingly important.

THE FIRST INTERVENTION STUDY FOR LGBTQ+ OLDER ADULTS WITH DEMENTIA AND CAREGIVERS: COVID-19 LESSONS LEARNED
Karen Fredriksen Goldsen,1 Linda Teri,1 Hyun-Jun Kim,1 Charles Emlet,2 Ryan Petros,1 Charlotte Brown,1 Gleneise McKenzie,1 and David La Fazza,1 1. University of Washington, Seattle, Washington, United States, 2. University of Washington, Tacoma, Washington, United States, 3. Oregon Health & Science University, Portland, Oregon, United States

LGBTQ+ older adults face significant health disparities with higher rates of cognitive impairment and social
This paper describes the unique contributions of MI that community for its compatibility with self-determination theory.

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culturally responsive approaches, and Covid-19 adaptations, including delivery by virtual chat rather than in-home, technology training, ensuring safety of virtual intervention components, and providing on-going technology support. Preliminary findings suggest a higher intervention retention rate in the virtual delivery as compared to in-home. This study illustrates innovative ways to serve disadvantaged communities in dementia care and aging services.

MODIFIABLE FACTORS OF HEALTH-RELATED QUALITY OF LIFE AMONG LGBTQ OLDER ADULTS LIVING WITH COGNITIVE IMPAIRMENT

Hyun-Jun Kim, and Karen Fredriksen Goldsen, University of Washington, Seattle, Washington, United States

Cognitive impairment can lead to significant decline in health-related quality of life (HRQOL) in later life especially among those who are socially marginalized. While Lesbian, gay, bisexual, transgender, and queer (LGBTQ) older adults are documented to be at heightened risks of cognitive impairment, they may face unique challenges due to discrimination, social isolation, and other LGBTQ-related risks. This study examined factors associated with psychological and physical HRQOL among LGBTQ adults aged 50 and older analyzing a sub-set of longitudinal data (N = 646) from National Health, Aging, and Sexuality/Gender Study: Aging with Pride. Lifetime LGBTQ discrimination and victimization and insufficient food intake were negatively, and physical and leisure activities were positively associated with both HRQOL dimensions. Community engagement, social support, and social activities were positively associated with psychological HRQOL. Culturally responsive interventions addressing these modifiable factors are needed to improve HRQOL of this socially marginalized but resilient population.

AGING WITH PRIDE: CULTURAL RELEVANCE OF MOTIVATIONAL INTERVIEWING FOR LGBTQ ADULTS WITH DEMENTIA

Ryan Petros, Karen Fredriksen Goldsen, and Linda Teri, University of Washington, Seattle, Washington, United States

LGBTQ adults disproportionately experience dementia and are more likely to rely on informal social support to meet care needs in the community compared to cisgender, heterosexual peers. Culturally responsive interventions will accommodate the unique strengths and independence of this population and support self-determination as they navigate reduced capacity for self-care, increased need for support, and changes to autonomous, independent decision-making. Motivational Interviewing (MI) is a culturally responsive approach to treatment, amenable to integration with other evidence-based practices (EBP), and is especially relevant for the LGBTQ community for its compatibility with self-determination theory. This paper describes the unique contributions of MI that resulted in culturally relevant adaptations to a leading EBP for dementia and culminated in an efficacious intervention (Aging with Pride: IDEA) that is compatible with self-determination theory, designed for individuals and care providers in the LGBTQ community affected by dementia, and adapted for online delivery during the COVID pandemic.

Session 1430 (Symposium)

MANY FACES OF SLEEP: DIVERSE SLEEP CHARACTERISTICS AND THEIR JOINT ASSOCIATIONS WITH STRESS ON HEALTH IN ADULTHOOD

Chair: Hye Won Chai
Co-Chair: Soomi Lee
Discussant: Nancy Sin

Two separate bodies of literature point to the significant roles of sleep and stress and their associations with health outcomes in adulthood. To further extend the field’s knowledge on sleep, stress, and health, it is essential to consider the multi-dimensional aspects of sleep and diverse stress contexts and identify ways in which the three factors are interrelated to each other. Different sleep characteristics may have varying implications for stress processes that, in turn, shape health outcomes. Therefore, this symposium integrates diverse characteristics of sleep (duration, quality, and pileup) in conjunction with various stress processes and experiences (bereavement, stressor exposure and appraisals, rumination), and examines their associations with cognitive, emotional, and physiological health outcomes. The first paper by Vigoureux and colleagues investigates the interaction between daily sleep and stressor frequency and severity on daily rumination. The second paper by Slavish and colleagues examines the bidirectional associations between daily stress and sleep duration and efficiency. The third paper by Mu and colleagues explores the mediated associations of sleep quality and sufficiency with work impairment through perceived cognitive abilities and rumination. The fourth paper by Lee uses the stress concept of pileup and tests how pileup of insufficient sleep is associated with day-to-day trajectories of affective and physical well-being. The final paper by Chai and colleagues examines whether sleep quality moderates the association between family bereavement and heart rate variability. The discussant, Dr. Nancy Sin, will integrate key points and discuss considerations for mechanisms and long-term implications of sleep, stress, and health.

SLEEPING IT OFF: SLEEP QUALITY MODERATES THE ASSOCIATION BETWEEN FAMILY BEREAVEMENT AND HEART RATE VARIABILITY

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While previous studies evince a strong link between family bereavement and worse cardiovascular functioning, factors