monastic principles in the Rule of St. Benedict. Data from a Benedictine Order monk and program coordinator, ordained prison minister, and lay ministry volunteer were collected. Participants were asked a series of questions regarding the spiritual care of aging prisoners. Responses were coded and cross-compared for thematic content. Of central thematic importance was implementation of a spiritual care model using traditional monastic rules for daily living. A second theme centered on purposeful rebuilding of self-renewal through stability and obedience. A final emergent theme encompassed institutional acceptance in the provision of religious sacraments, sacred texts, and artifacts. Results highlight the broader implications of providing spiritual care and outreach to aging prisoners. The role of restorative justice for successful delivery of faith-based spiritual care for improved rehabilitation of aging inmates will be further addressed.

Session 2000 (Symposium)

ADVANCE CARE PLANNING IN THE CONTEXT OF COVID-19: COMPLEXITIES ACROSS A RANGE OF CONSTITUENTS
Chair: Brian Carpenter Discussant: Karen Hirschman

The COVID-19 pandemic brought serious illness and death into close proximity for a large number of people, whether through personal experience, infection in family members or friends, or unremitting media coverage. The effects of the virus and widespread mortality. Because of a collective vulnerability to illness and the heightened possibility of death, more people began to contemplate what kinds of medical care they would want if they ever became seriously ill. In other words, more people began the process of advance care planning (ACP). This symposium explores how the COVID-19 pandemic shifted interest in and execution of ACP across a range of groups. The first presentation reviews survey data from a large, community-based sample of older adults about their ACP conversations before and after the start of the pandemic. Shifting to the experience of clinicians, the second presentation summarizes a survey with multidisciplinary healthcare professionals about ACP conversations in their personal lives during the pandemic and how their observations of patients influenced their own plans. The third presentation describes the reactions of undergraduate students to an ACP class exercise, including COVID-19 as a motivating factor for pursuing ACP. The final presentation concludes with a review of two clinical cases that illustrate how COVID-19 has upended traditional ACP and highlighted the need for new policies and processes, with a particular focus on ethics and equity. Together, these presentations offer diverse insights into how ACP may shift in a post-pandemic world.

HAS THE COVID-19 PANDEMIC INCREASED ADVANCE CARE PLANNING DISCUSSIONS HELD BY OLDER ADULTS?
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In an online survey exploring older Canadians’ experiences during the COVID-19 pandemic, 3989 respondents aged 55-99 indicated whether they had discussed their future care preferences and with whom, prior to and since the pandemic. Pre-pandemic, 62% had held such discussions; since the pandemic 43% did so, 11% for the first time. Rates were significantly higher among white respondents than among persons of color, women than men, and those 65+ than younger respondents. Respondents were most likely to have talked, respectively, with their spouse (58% before; 40% since), family (35%; 22%), and friends (12%; 10%)—with higher rates for white, women and older respondents. Surprisingly, only 4% before and 2% since the pandemic had discussed their care preferences with a doctor. Initiation of some new discussions was encouraging but there were fewer than expected, perhaps due to denial, superstition, or disbelief of pandemic severity. Advance care planning remains an under-utilized resource.

WHEN THE PROFESSIONAL TURNS PERSONAL: HEALTHCARE PROVIDERS AND THEIR OWN ADVANCE CARE PLANNING DURING THE PANDEMIC
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As healthcare professionals counseled patients and care partners during the pandemic about treatment options, clinical probabilities, and preparations for death, they had opportunities to reflect on how they themselves would want to be treated if they fell ill. We conducted a survey with healthcare professionals who were caring for patients during the pandemic and asked their work had affected their own advance care planning. Based on their clinical observations, 28% revised their personal interest in life-prolonging medical interventions. Substantial proportions had initiated conversations with partners (45%), parents (46%), and their primary care physician (29%) about their medical preferences. Similarly high percentages had encouraged family members and friends to update or complete their advance care plans, and 26% intended to initiate planning in the near future. Interest in advance care planning is high among healthcare professionals, who may benefit from tailored resources that acknowledge their clinical experience.

COVID-19 AND DEATH ANXIETY: THE IMPACT ON STUDENTS’ APPRAISALS TO COMPLETING ADVANCE DIRECTIVES
Carlyn Vogel,¹ Debra Dobbs,² Maureen Templeman,¹ Victoria Marino,¹ and William Haley,¹ ¹. University of South Florida, Tampa, Florida, United States, ². University of South Florida, School of Aging Studies, University of South Florida, Florida, United States

This study examined possible effects of COVID-19 on students’ appraisals, coping, and responses to completing advance directives (ADs). We used the transactional model of stress and coping to explore 93 undergraduate students’ responses to an AD assignment completed in an undergraduate course during COVID-19. Students watched a recorded
lecture, read content related to ADs, and examined a sample copy of a 5 Wishes document. Students completed an assignment reflecting on reactions to completing ADs. Content analysis of 65 responses indicated almost 10% of students mentioned COVID-19 or the pandemic as a reason to complete ADs. Approximately 18% mentioned their youth and 40% mentioned sudden or serious illness as reasons to complete ADs. Nearly 30% mentioned death anxiety as a reason for being unprepared to complete ADs. Instructors should consider ways to inform and help students process their emotions given contextual factors (e.g. the pandemic) when teaching about ADs.

**Session 2005 (Paper)**

**AGEISM (SRPP PAPER)**

**AGEISM AND PERCEPTIONS OF VULNERABILITY: FRAMING OF AGE DURING THE COVID-19 PANDEMIC**

Jasmin Tahmaseb McConatha, Jordan Broussard, and Jacki Magnerelli, West Chester University, West Chester, Pennsylvania, United States

Media representations of the Covid-19 pandemic and its devastating consequences have shaped people's fears, anxiety, and perceptions of vulnerability. Social scientists have examined the consequences of how information is "framed." Framing theory asserts that issues can be portrayed differently by emphasizing or de-emphasizing aspects and information. According to Lakoff (2004) the impact of a message is not based on what is said but how it is said. Theories of framing focus on how the media frames issues, which then structure and shape attitudes and policies. A news article serves as a frame for an intended message. The purpose of this project is to analyze the ways that "age" has been framed during the Covid-19 pandemic. One of the most dominant frames in terms of COVID-19 coverage is how the pandemic has been analyzed through the lens of age and framed in terms of age discrimination. Method: A thematic analysis of New York Times and Washington Post news articles addressing older adults and illness vulnerability was conducted. The results of news articles appearing in these prominent newspapers indicated that the perceptions of older men and women tended to focus on the relationship between age and vulnerabilities to severe consequences from Covid-19. The frames in which these new articles were presented indicated ageist tones and messages that had the potential to either reinforce or lead to age stereotyping and discrimination.

**AGEIST POLICIES THAT FAVOR OLDER PEOPLE: WHAT DO OLDER PEOPLE THINK?**

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Policies on supportive services have frequently used chronological age to determine rights and needs of people within the adult population. Such policies have been described as ageist, but could also be regarded as favoring older people in cases where chronological age is used as a proxy for needs. In Sweden, municipalities have recently been allowed to grant people above a certain age some home care services without individual needs testing, and several political parties have suggested that a nursing home guarantee at the age of 85 should be introduced. The aim of the study that this presentation reports on was to investigate views among older people on age as an organizing principle for distributing eldercare services. Data was collected through an online survey to members of pensioners' organisations (N=1540). Respondents were asked about their views on a number of age-related policies that are used or proposed as part of the eldercare system in Sweden. The analysis revealed a general support for the use of chronological age as a proxy for needs. This suggest that respondents used an interest groups perspective and supported stereotypical arrangements that favored older people. When free-text answers were included in the analysis, it became evident that the use of chronological age was not related to the problem of ageism. In the presentation we discuss the potential gap between anti-ageism and views of older people and what a framework on ageism brings into the moral economy of eldercare.

**EMPLOYERS' SUPPORT OF OLDER ADULTS FACING AGEISM IN THE WORKPLACE: A SCOPING REVIEW OF THE LITERATURE**

Amanda Bull, Raza Mirza, Andrea Gardiola, Christopher Klinger, and Jessica Hsieh, University of Toronto, Toronto, Ontario, Canada

As the Canadian population continues to age rapidly, addressing the social structures that negatively impact older adults is of increasing importance. The most prominent of these social structures is the workplace, which can be a potential source of age discrimination. The goal of this scoping review was to analyze the literature that addresses strategies for employers to support older workers experiencing ageism, in order to answer the research question: How can employers support older adults (50+) facing ageism in the workplace? Following Arksey and O'Malley's five-step framework, an