avoidance, and poorer family function, were associated with greater depression. These results point out that family dysfunction is a predisposing factor for the development of the emotional problems of anxiety and depression in older people in potentially stressful and loss situations.

COVID-19 SOCIAL DISTANCING MEASURES AND LONELINESS AMONG OLDER ADULTS
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In response to the COVID-19 pandemic, older adults are advised to follow social distancing measures to prevent infection. However, such measures may increase the risk of loneliness. The current study aimed to investigate (1) whether social distancing measures, particularly limiting close social interactions, are associated with loneliness among older adults, and (2) whether the association between social distancing measures and loneliness is moderated by sociodemographic characteristics. Data were from the fourth wave (April 29 to May 26, 2020) of the nationally representative Understanding America Study (UAS) COVID-19 Survey. We used data on adults 50 years or older (N = 3,283). Multivariate logistic regression models of loneliness were examined to test the independent effects of social distancing measures and their interaction with sociodemographic characteristics on loneliness. Four indicators of social distancing measures were considered: (a) avoiding public spaces, gatherings, or crowds, (b) canceling or postponing social activities, (c) social visits, (d) close contact (within 6 feet) with others. Cancelling or postponing social activities and avoiding close contact with other people were associated with 36% and 41% greater odds of loneliness, respectively. Furthermore, males and non-Hispanic Whites who had no close contact with others had a significantly greater probability of reporting loneliness than those who had contact. Our findings emphasize the heterogeneous nature of COVID-19 related experiences across subpopulations of older adults and call special attention to vulnerable groups that may be more impacted by the challenge of COVID-19 social distancing.

COVID-19 SWEEP NURSING HOMES IN THE UNITED STATES
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Nursing homes experienced a colossal loss impacted by the COVID-19 pandemic in the United States. This study applied Covid-19 Nursing Home Dataset (updated on 08/16/2020) released by Data.CMS.gov to explore possible factors behind the death s at nursing homes. The results indicated 2.55 residents died per week at a nursing home averagely. Besides, the absence of nursing staff, aides, clinical physicians, PPE supplies contributes to more deaths at nursing homes. Lastly, the number of positive COVID-19 cases of nursing home staff positively associate with the number of total deaths of residents (R=0.65). These findings provide more pieces of evidence for nursing home administrators and policymakers to make adjustments to help nursing home residents better cope with challenges caused by the pandemic; however, this dataset is not the final data for the pandemic is not over. Also, the dataset covers few demographic information (gender, race, ethnicity and so on) ; therefore, researchers could explore the relationship between the demographic features and COVID-19 deaths at nursing homes.

COVID-19 TRANSITION: DOES VIRTUAL EXERCISE MAINTAIN PHYSICAL FUNCTION?
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Background: In March 2020, COVID-19 mandates to restrict face to face exercise and group based gatherings were enacted. These mandates were enforced within most states in the US. Gerofit, a facility-based exercise program for older Veterans in Durham, NC, transitioned to remote virtual exercise instruction to accommodate continuity of care. Objectives: To explore whether remote virtual exercise (RVE) can sustain physical function within individuals previously participating in onsite face to face exercise (OFF). Methods: Physical function assessments performed during OFF were compared with assessments conducted remotely over virtual platform. Assessments included the 30-second arm curl, the 30-second chair stand, time to complete five chair stands, and either 6-minute walk or 2-minute step test. All assessments for RVE were completed via a remote virtual platform. Only participants enrolled in both OFF and home based RVE with functional assessments within 6-months of pre and post COVID-19 transition were compared. Descriptive comparisons, opposed to statistical, were reported due to the limited sample size. Results: Fourteen OFF Gerofit participants were reassessed remotely within the first 6-months of transitioning to RVE (12 male, 2 female, mean age 73.1, mean body mass index 31.5). Functional assessments between OFF versus RVE were arm curls (21.0 vs 20.4 repetitions), chair stands (15.0 vs 17.5 repetitions), and time to 5 chair stands (9.0 vs 8.4 seconds). Cardiovascular function, reported in normalized percentiles (46.4%tile vs 38.9%tile) Conclusion: Among older Veterans engaged in regular structured exercise, physical function was preserved with transition to virtual exercise.

COVID-19 WORRIES AND BEHAVIOR CHANGES IN OLDER AND YOUNGER MEN AND WOMEN
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The case fatality rate of COVID-19 is higher among older than younger adults, and is also higher among men than women. However, worry, which is a key motivator of behavioral health changes, occurs less frequently for older than younger adults, and less frequently for men than women. Building on this, we tested whether older adults – and particularly older men – would report the least amount of COVID-19 worry and also fewer COVID-19 behavior changes. To do so, from March 23-31, 2020, we administered an online
COVID-19, SOCIAL ISOLATION, AND LONELINESS IN OLDER ADULTS: LEVERAGING EXERCISE TO AGE IN PLACE STUDY

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Social isolation and loneliness are associated with morbidity and mortality and highly prevalent in older adults. Older adults, a high-risk group for developing serious complications from COVID-19, are asked to shelter-in-place limiting physical interactions. We aimed to determine the effect of the COVID-19 pandemic on social isolation and loneliness among community-dwelling older adults previously enrolled in in-person exercise classes in the Leveraging Exercise to Age in Place (LEAP) study before March 19th, 2020 when California started shelter-in-place. We conducted a pre-post analysis of cognitively intact participants (n=59) >50 years, who had social connectedness, loneliness, and demographic data collected pre- and post-COVID shelter-in-place. Participants’ social connectedness was measured via the 11-question Duke Social Connectedness Index (DSSI) and loneliness via the 3-question UCLA Loneliness Scale (UCLA 3). Participants had an average (±SD) baseline DSSI of 27.2 (± 3.5) and UCLA 3 of 4.8 (± 1.7) and were an average of 76.6 ± 9.2 years, 81% female, 63% white, 29% widowed, 42% living alone, 27% acting as caregivers, and 44% were diagnosed with 3 or more chronic health conditions. We completed post-assessments on average 61 ± 29 days after the start of shelter-in-place. Results of the paired t-tests indicated no statistically significant difference in social connectedness and loneliness pre- and post-shelter-in-place. Reasons for lack of observed change include: limitations of a small sample size, possible protective factors from enrollment in the LEAP program, or insufficient time at post-assessment to develop changes in loneliness and social isolation. Repeated assessments are needed throughout the pandemic.

COVID-19-RELATED CHANGES IN POTENTIAL RISK FACTORS FOR ELDER MISTREATMENT REPORTED BY CAREGIVERS OF OLDER ADULTS

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In previous studies, caregiver (CG) stress, substance use, poor physical health, poor mental health, financial problems, and social isolation have been associated with increased risk of elder mistreatment (EM) for older care recipients (CR). This study aimed to assess how the COVID-19 pandemic has impacted these CG-related risk factors for EM in a community sample of CGs. A non-probability sample of 433 CGs caring for adult CRs age ≥60 years with physical (76%), cognitive (34%) and mental health (14%) conditions completed a survey on COVID-19 impacts in April-May 2020. CGs had mean age 61 (range 21 – 91), were 75% female and 92% non-Hispanic White. Over 40% of CGs reported doing worse financially since COVID-19. Compared to before COVID-19, 15% reported drinking more alcohol and 64% reported somewhat or greatly increased feelings of social isolation and loneliness. CGs reported that COVID-19 had made caregiving more physically (18.7%), emotionally (48.5%) and financially (14.5%) difficult, interfered with their own healthcare (19%), and led to family conflict over caring for CR (13.2%). Younger CGs (age <65) and those with annual income <$50,000 were more likely to report negative COVID-19 impacts. This study suggests CGs of older adults may be experiencing increased stress, alcohol use, social isolation and negative impacts on their own health and financial situation. Healthcare and social service providers should assess for these EM risk-factors in caregivers and connect them and their care recipients with resources and services to address these stressors to reduce risk of EM during the COVID-19 pandemic.

COVID-19-RELATED FREE TELEPHONE CONSULTATIONS BY PUBLIC HEALTH NURSES

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Public health centers are located in each municipality in Japan and are responsible for infectious disease control including COVID-19. Public health nurses (PHNs) are stationed at the centers and work at the forefront, covering a variety of services from individual consultations to hospital escort for those tested positive. Starting January, PHNs at A city (population approx. 210,000) established a free telephone consultation hotline for COVID-19. This study aims to review the PHNs’ telephone consultations during the first wave of COVID-19. The number of calls were aggregated weekly and their time-trend was examined. The study was approved by the University of Tokyo Ethics Review Board. During the first wave between January and May, there were 3,242 calls, with the highest number of calls (n=491/week) in the second week of April. At this point the regular PHNs were not enough to meet the heightened needs of consultations and PHNs from other departments were temporally transferred for support. The number of consultation calls fluctuated weekly. The increase of calls seemed to precede the increase of positive cases by one week. We consider that the call may be an initial action of those who suspected possible infection, and the consultation